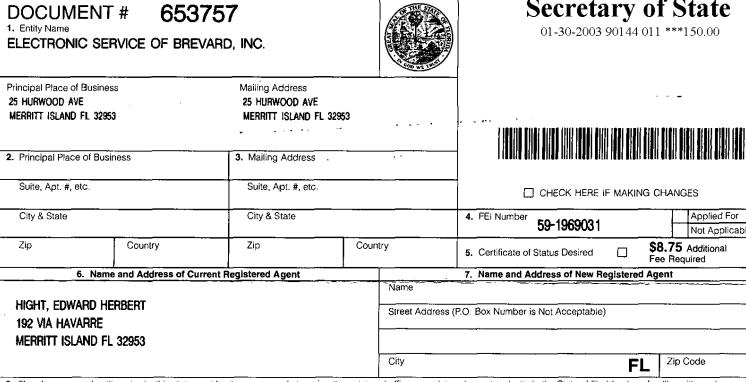
## **FILED** Jan 30, 2003 8:00 am **Secretary of State**

01-30-2003 90144 011 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**



8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable.

SIGNATURE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Zip Code

DATE

Fee Required

Not Applicable

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Addition NAME HIGHT, EDWARD H NAME STREET ADDRESS 192 VIA HAVARRE STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME HIGHT, JANE M. STREET ADDRESS 120 BARBADOS DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL TITLE. DEAD NAME HIGHT, HERBERT C NAME STREET ADDRESS 120 BARBADOS DRIVE STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND-FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HIGHT, CARLA M. STREET ADDRESS STREET ADDRESS 192 VIA HAVARRE CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL TITLE ☐ Delete TITLE Change ☐ Addition NAME HIGHT, CARLA M NAME STREET ADDRESS STREET ADDRESS 192 VIA HAVANRRE CITY-ST-ZIP MERRITT ISLAND FL CITY-ST-ZIP TITLE Addition □ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR