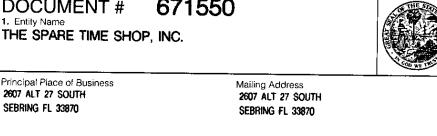
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # 671550



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90131 003 ***150.00



2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2011665 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EWING, JANE V Street Address (P.O. Box Number is Not Acceptable) 3401 HAWK STREET SEBRING FL 33872 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVTS** Delete TITLE ☐ Addition ☐ Change

Make Check Payable to Florida Department of State 10. TITLE EWING, JANE NAME NAME STREET ADDRESS 3401 HAWK STREET STREET ADDRESS CITY-ST-ZIP SEBRING FL 33872 CITY-ST-Z!P TITLE ☐ Delete ☐ Change ☐ Addition NAME LITTLEFIELD, MERI J NAME STREET ADDRESS 3401 HAWK STREET STREET ADDRESS CITY-ST-ZIP SEBRING FL 33872 CITY-ST-ZIP TITLE Delete TITLE -- -- Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition

12. I hereby 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 supplied bental 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 changed, or on an attack ment with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TWEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/03 863-382 -2752

CR2E034 (10/02)