## 2003 FOR PROFIT CORPORATION

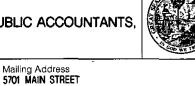
## **UNIFORM BUSINESS REPORT (UBR**

680869 DOCUMENT #

Principal Place of Business 5701 MAIN STREET

C/O CONRAD E. HUBBARD

HUBBARD & HUBBARD, CERTIFIED PUBLIC ACCOUNTANTS, P.A.



C/O CONRAD E. HUBBARD

**FILED** Apr 03, 2003 8:00 am Secretary of State

04-03-2003 90183 022 \*\*\*150.00



NEW PORT RICHEY FL 34652			NEW PORT RICHEY FL 34652									
2. Principal Place of Business			3. Mailing Address						#  L   <b>  </b>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State				City & State				4. FEI Number 59-2029565 Applied For Not Applied For				
Zip	Zip Country				Cour	Country 5.		Certificate of Status Desired		\$8.75 Add	litional	
	6. Name	and Address of Current	Registere	gistered Agent -			<del> 7.</del>	7. Name and Address of New Registered Agent				
HUBBARD, CONRAD E.						Name						
5701 MAIN STREET							Street Address (P.O. Box Number is Not Acceptable)					
	T RICHEY F	*4:										
						City	•		FL	Zip Cod	ə	
	named entity tions of regist		the purp	oose of changing its	register	ed office or	registered ag	gent, or both, in the State of	Florida. I am f	amiliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if app	dicable. (NOTE	: Registere	d Agent signatu	re required when r	reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of				State			_	9. Election Campaign Trust Fund Contribu			0 May Be I to Fees	
10. OFFICERS AND D				DIRECTORS 11.			ΑĒ	DDITIONS/CHANGES TO O	FFICERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUBBARD, CHLO G 5627 TENNESSEE AVENUE NEW PORT RICHEY FL			☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Hubbard, Conrad e 5627 Tennessee Avenue New Port Richey Fl		_	☐ Delete	elete TITLE NAME STREE CITY-:					Change	☐ Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	DV- Hubbard, Craig W 18106 Clear Lake Drive Lutz Fl 33549-6401		Delete		1	· Projection of the second of	And the second second	marania in 1 managan ma	Change	Addition .		
TITLE NAME Street Address City-St-Zip				☐ Delete			<del>-</del>		•	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>								Change	☐ Addition	
TITLE NAME Street Address City-St-Zip				Delete		í				☐ 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ြူ<u>Co</u>nrad E. Hubbard

(727) 848-8263 03/31/03