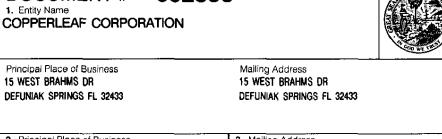
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

692336 **DOCUMENT #**



FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91841 017 ***150.00

Principal Place of Business 15 WEST BRAHMS DR DEFUNIAK SPRINGS FL 32433 2. Principal Place of Business		Mailing Address 15 WEST BRAHMS DR DEFUNIAK SPRINGS FL 32433 3. Mailing Address					
					-		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4.	FEI Number 59-2103323		Applied For Not Applicable
Zip	Country	Zip	Country	5.	Certificate of Status Desired	□ \$8.75 Fee Req	Additional uired
	6. Name and Address of Current	Registered Agent	<u> </u>	7.	Name and Address of New Reg	istered Agent	
			Nam	e	 ,		
ARMBRUS	TER, MICHAEL A		Stron	t Address (BO	Box Number is Not Acceptable)		
15 WEST I	Brahms dr		5000	t Address (F.O.	Box Number is Not Acceptable)		
DEFUNIAK	SPRINGS FL 32433						
			City		· · ·	FL Zip C	Code
	named entity submits this statement for tions of registered agent.						ith, and accept
	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent sig	gnature required when	n reinstating)	DATE	
, After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State			9. Election Campaign Finar Trust Fund Contribution.	ncing \$	5.00 May Be Ided to Fees
10.	OFFICERS AND	DIRECTORS	11.	Α	ADDITIONS/CHANGES TO OFFICI	ERS AND DIRECT	ORS IN 11
NAME .	PST ARMBRUSTER, MICHAEL A 15 WEST BRAHMS DR DEFUNIAK SPRINGS FL 32433	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP			☐ Chan	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMBRUSTER, EDWARD D 1031 US 90 WEST APT C DEFUNIAK SPRINGS FL 32433	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss		Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete: =	NAME STREET ADDRES CITY-ST-ZIP	SS .		☐ Chan	ge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss		☐ Chang	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s		☐ Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s		☐ Chang	ge 🔲 Addition

of the corporation or the receiver or trustee empowered to execute his 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:

Daytime Phone #