NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731899

1. Entity Name



May 06, 2003 8:00 am Secretary of State 05-06-2003 90051 027 ****70.00

UAK	HITT KESTDENIS WSSOC	7			
	DO NOT WRITE	IN THIS SE	ACE	~~~	
2. Principal Place of Business 2814 HEARTHSTONE WAY		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State ORLANDO, FL.		City & State		4. FEI Number	Applied For Not Applicable
Zip 32839	Country ORANGE	Zip	Country		\$8.75 Additional Fee Required
	error Magazina armento e proporto de la come de la come La come de la come de l		Name	7. Name and Address of Current Registered	Agent
	DO NOT W	RITE		s (P.O. Box Number is Not Acceptable) -	
	IN THIS SP		5,100,7100,710	The second of th	
			City		Zip Code
A 1				FL ered agent, or both, in the state of Florida. I am fa	
SIGNATURE	Richard E. Coll. Signature, typed or printed name of registered agent a FEE IS \$61.25 Initial or Amended UBR OFFICERS AND DIR	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees Florida Depart	
TITLE	PD		TITLE		
NAME STREET ADDRESS	RICHARD E COLLINS 2814 HEARTHSTONE WAY	r	NAME STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL. 32839	<u> </u>	CITY-ST-ZIP		
NAME	BEN LEEDOCK 2736 FIELDCREST CT.		TITLE NAME		
STREET ADDRESS CITY-ST-ZIP	ORLANDO, FL. 32839		STREET ADDRESS CITY-ST-ZIP		
TITLE	SD .		TIDE		
name Street address	PATTI HARRIS		NAME STREET ADDRESS	······································	
CITY-ST-ZIP	2904 HEARTHSTONE WAY ORLANDO, FL.		DO NOT WRITE		
TITLE NAME	TD		TITLE NAME	IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP	JEAN COLLINS 2814 HEARTHSTONE WAY	7	STREET ADDRESS		
TITLE	ORLANDO, FL. 23839		CITY-ST-ZIP		
NAME etdeet addresse			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE			TILE		
name Street address			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

KICKERED F. COLLINS

4-30-03