2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

6102 INDIANA AVE

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

NEW PORT RICHEY FL 34653

Same as above

DOCUMENT # 737927

1. Entity Name

6102 INDIANA AVE

Principal Place of Business

NEW PORT RICHEY FL 34653

Suite, Apt. #, etc.

Zip 34653

2. Principal Place of Business 6102 Indiana Ave.

New Port Richey, Florida

Country ===

West Pasco

SOLVE OF PASCO COUNTY, FLORIDA, INC.



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90248 042 ****61.25

90002209

	CHECK HERE IF MAKING C . Issued No. O									
4. FEI Number 59	-2769003 –		Applied For Not Applicable							
5. Certificate of Status Desired Fee Required										
7. Name and Add	ress of New Registered Age	ent								
P.O. Box Number is N	Not Acceptable)									
	FL	Zip Code								
ed agent, or both, in	the State of Florida. I am fan	niliar with, a	ind accept							
	Jan. 1	3, 20	03_							
when reinstating)	DATE									
\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State									
DDITIONS/CHANG	ES TO OFFICERS AND DIRE	CTORS IN	10							
	Г	☐ Change	☐ Addition							

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
			Name	·					
O'CONNOR, RITA M 7301 JASMINE BLVD			Street Address (P.O. Box Number is Not Acceptable)						
NEW POP	RT RICHEY FL 34668								
			City				FL Zip	Code	
8. The above the obligat	named entity submits this statement for the purplions of registered agent.	oose of changing its reg	l istered office or	registered agent,	or both, in	the State of Florida	a. I am familiar	with, ar	d accept
0.01471.05	Rita M. O'Connor					Ja	an. 13,	20	03
SIGNATURE	Signature, typed or printed name of registered agent and title if ap	plicable. (NOTE: Reg	gistered Agent signatu	ire required when reinsta	iting)		DATE	·	
FILE NOW: FEE IS \$61.25 9. Election Campa Trust Fund Con									
10.	OFFICERS AND DIRECTORS		11.	ADDITION	NS/CHANG	ES TO OFFICERS	AND DIRECTO	RS IN 1	0
TITLE	RS	☐ Delete	TITLE				☐ Ch	ange	Addition
NAME	SCHUMAN, BETTIE		NAME						
STREET ADDRESS CITY-ST-ZIP	7540 CADIZ NEW PORT RICHEY FL 34653		STREET ADDRESS :						
	TD	☐ Delete	TITLE		•		☐ Cha	anne	Addition
TITLE NAME	DUSTEN, MARIE	L Delete	NAME						
STREET ADDRESS	3806 SABLEWOOD DR.		STREET ADDRESS						
CITY-ST-ZIP	HOLIDAY FL 34691	.~€ .	CITY-ST-ZIP	يون يەرىكى يېرىكىدى	ميوه مايج، ويوي		سويد تو در رست ــــــــــــــــــــــــــــــــــــ	-	
TITLE	PD	☐ Delete	TITLE				☐ Ch	ange	Addition
NAME	GAZEL, MARGARET		NAME						
STREET ADDRESS	4449 TERRY LOOP		STREET ADDRESS						
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		CITY-ST-ZIP						_
TITLE	VP	☐ Delete	TITLE				☐ Ch	ange	Addition
NAME	MAY, EDNA	.	NAME						
STREET ADDRESS	11530 WHITE OWL LANE 2655 Ne		STREET ADDRESS CITY-ST-ZIP	74604	A TOM	764			
CITY-ST-ZIP		rbor,Fl.		34684:	APT.	261			— a d d'ainn
TITLE	D DISCOVERED DETAIN	☐ Delete	TITLE				☐ Ch	ange	☐ Addition
NAME	O'CONNOR, RITA M.		NAME STREET ADDRESS	• •	-				
STREET ADDRESS CITY-ST-ZIP	7301 JASMINE BLVD. PORT RICHEY FL 34668		CITY-ST-ZIP		-	***			
	PORT RICHET FL 34000	☐ Deletē	TITLE	•		* · · *	r⊓ ch	ande	Addition
TITLE NAME		L3 Delete	NAME					·yv	
STREET ADDRESS		·	STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
	1				07(0)(:) [:	anista Chahutan I fili	ethor opetification	the inte	

Country

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

M. OCONNOR Dani 13, 2003