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

## DOCUMENT # 746979

1. Entity Name



## **FILED** Feb 21, 2003 8:00 am § Secretary of State 02-21-2003 90772 001 \*\*\*122.50

HNE, FLOHIDA JAYCEE CHAI	HIEO, INC.	100						
P. O. BOX 361151 P. O.		D. BOX 361151		JJUUJIIJ				
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Principal Place of Business 3. Mailing Address		** = ***		T TO A THE PORT OF THE DAVID DAVID DAVID THE PORT OF T				
uite, Apt. #, etc. Suite, Apt. #, etc.		<del>-</del>	☐ CHECK HERE IF MAKING CHA		ING CHANGES	S		
City & State City & State		State		4. FEI Number N	OT APPLICABLE		applied For	
Country	Zin	Country					lot Applicable	
		Country				Fee Requir		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
SUZANNE M					******			
4407 YORKSHIRE DR			Street Address (P.O. Box Number is Not Acceptable)					
IRNE FL 32935								
			F1 Zip Code					
e named entity submits this statement fo	r the purpose of changing its	registered office of	or registere	ed agent, or both, in t	=	_	, and accept	
	and title if applicable, (NOTE	: Registered Agent signs	ature required	when reinstating)	DAI	Έ		
TIEL NOW, FEE 13 301.23								
		11.		DDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IF	V 10	
ODOM, COLLEEN M 1113 SAND CREEK DR # 153 MELBOURNE FL 32934	Lydi Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DARLI 2401	POST RD		☐ Change	<b>⊠</b> Addition	
D FULLEM, RANDALL C 550 E STRAWBRIDGE AVE MELBOURNE FL 32935	☐ Delete	TITLE  NAME  STREET ADDRESS  _CITY_ST-ZIP		,		☐ Change	☐ Addition	
P HITE, DAN 5355 OSCEOLA DR SAINT CLOUD FL 34773	° <b>Ş∞</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEJSR 24894 MVAL	A MARTIN NEBERBY C ABAR EL	ANE - 32950	☐ Change	Addition	
D RUSSO, RICHARD A 4407 YORKSHIRE DR MELBOURNE FL 32935	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		☐ Change	☐ Addition	
VS RUSSO, SUZANNE 4407 YORKSHIRE DR MELBOURNE FL 32935	□ Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP			-	☐ Change	☐ Addition	
V HITE, KAREN 5355 OSCEOLA DR SAINT CLOUD FL 34773	<b>S</b> D Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2401 i MEL	POSTRA BOURNE F		☐ Change	<b>√</b> Addition	
	Place of Business Statist FL 32936  Place of Business  I. #, etc.  Ite  Country  6. Name and Address of Current  SUZANNE M PRKSHIRE DR PRNE FL 32935  E named entity submits this statement for the statement of t	Ce of Business  Mailing Address  P. O. BOX 361151 FL 32936  Place of Business  J. #. etc.  Suite, Apt. #, etc.  Country  Zip  6. Name and Address of Current Registered Agent  SUZANNE M IRKSHIRE DR IRNE FL 32935  e named entity submits this statement for the purpose of changing its tions of registered agent.  SIgnature, typed or printed name of registered agent and title if applicable.  FILE NOW: FEE IS \$61.25  P. Election Can Trust Fund C  OFFICERS AND DIRECTORS  VD  ODOM, COLLEEN M 1113 SAND CREEK OR # 153  MELBOURNE FL 32934  D  FULLEM, RANDALL C 550 E STRAWBRIDGE AVE MELBOURNE FL 32935  P  HITE, DAN 5355 OSCEOLA DR SAINT CLOUD FL 34773  D  RUSSO, RICHARD A 4407 YORKSHIRE DR MELBOURNE FL 32935  VS  RUSSO, SUZANNE 4407 YORKSHIRE DR MELBOURNE FL 32935  VS  RUSSO, SUZANNE 4407 YORKSHIRE DR MELBOURNE FL 32935  VS  I Delete  SID Delete  SID Delete  SID Delete  SID Delete	The property of the purpose of changing its registered agent and title if applicable.    Pilace of Business	The origination of registered agent and the # application Campaign Financing Trust Fund Contribution.    Volume   Volume	Mailing Address Pits P. 0. 60X 381151 P. 60X 38	Mailing Address Piaco of Business Mailing Address Piaco of Business Piaco of Country Piaco	Dear of Business  Waking Address Place of Business  JULINITY  Place of Business  JULINITY  Zip Country  S. Cartificate of Status Dealed St. 7s. A. FEI Number NOT APPLICABLE  Zip Country  S. Cartificate of Status Dealed Per Registered Agent  Name  Street Address of Current Registered Agent  Name  Street Address (PO Box Number is Not Acceptable)  City FL Zip Co  Addition for State of Foricta. Ten familier with future of registered agent, or both, in the State of Foricta. Ten familier with future of registered agent, or both, in the State of Foricta. Ten familier with future of registered agent, or both, in the State of Foricta. Ten familier with future of registered agent, or both, in the State of Foricta. Ten familier with future of registered agent, or both, in the State of Foricta. Ten familier with future of registered agent, or both, in the State of Foricta. Ten familier with future of registered agent, or both, in the State of Foricta. Ten familier with future of registered agent, or both, in the State of Foricta. Ten familier with future of registered agent, or both, in the State of Foricta. Ten familier with future of registered agent, or both, in the State of Foricta. Ten familier with future of registered agent, or both, in the State of Foricta. Ten familier with future of registered agent, or both, in	

GNATURE: 19 That the information supplied with this filling does not quality 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

1-9-02

321-255-7426