2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

833461 **DOCUMENT #**

1. Entity Name



FILED Mar 31, 2003 8:00 am Secretary of State

CANNON					03-31-2003 90191 043 *** 130.0					
ONE INDEPENDANT DRIVE 2 SUITE 302 A JACKSONVILLE FL 32202 G US U			Mailing Address 2170 WHITEHAVEN RD. ATTN: ACCOUNTING GRAND ISLAND NY 14072 US . Mailing Address							
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.	uite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State				4. FE	El Number 43-0188830	Applied For	
Zip Country			Zip	o Count		` . •	5. Certificate of Status Desired		Not Applicable 8.75 Additional ee Required	
	6. Name ar	ad Address of Current Regis	stered Agent	ed Agent			7. Name and Address of New Registered Agent			
			Name			<u> </u>				
CT CORPORATION SYSTEM					Charles of CO. P. Abrahaman and Co.					
1200 S. PINE ISLAND ROAD					Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324										
					City	City FL Zip Code				
	e named entity s tions of registere		ourpose of changing its re	egistere	ed office or i	registered	d agen	nt, or both, in the State of Florida. I am famil	iar with, a	ind accept
SIGNATURE										
- -	Signature, typed or p	rinted name of registered agent and title	if applicable. (NOTE:	Registere	d Agent signatur	e required w	hen reins	stating) 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 Financing Trust Fund Contribution.		May Be to Fees
10.		OFFICERS AND DIRE	CTORS	11.			ADD	ITIONS/CHANGES TO OFFICERS AND DIR	ECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NIKOLAJEVIO ONE CITY C ST.LOUIS MO		Delete	NAM STRE	E Et address -ST-ZIP	21	70 2Ah	WHITEHAVEN R	14/00	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TURNER, M ONE CITY C ST. LOUIS M	entre	Delete		E DIR JOSEPH ENDRESS -ST-ZIP TACKSON			PH LICALVARESE D NDEPENDENT DR., STE SONVILLE, FL. 32502		. /
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARLSON, R ONE CITY CI ST LOUIS MI	ENTRE	☐ Delete	NAM STRE	ET ADDRESS -ST-ZIP	TH 21 GT	1501 70 RA1	DORE G. FOWLER D WHITEHAVEN RD. NO ISLAND, NY /	Change 4072	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. VP MILLER, GAF 2170 WHITEI GRAND ISLA	HAVEN ROAD	☐ Delete	4				• ,	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC ALLAN M PIN 2170 WHITEI GRAND ISLA	HAVEN ROAD ND NE	□ Delete	CITY					Change	Addition
TITLE NAME STREET ADDRESS	MARK 2170 V	R. MENDE VHITCHAVEN	RD. Delete PRE	TITLE NAMI STRE					Change	Addition

2. 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:

3-21-03

773-6800