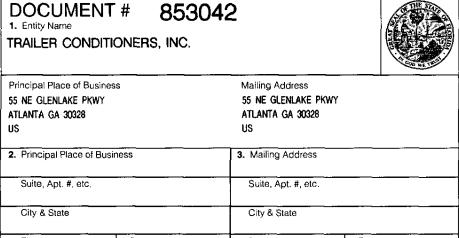
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**





05-02-2003 90363 021 \*\*\*150.00



US			US				i iddioi idiai anga hun gans s	 	ia minin <b>e</b> reni	Afani arkii iadi	
2. Principal Place of Business			3. Mailing Address					) <del> </del>	.3 MFM     #1 M1   1	0:B)(	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Stat	e		City & Sta	te		4.	FE! Number <b>06-106032</b>	9		applied For lot Applicable	
Zip Country			Zip		Country 5.		Certificate of Status Desired		8.75 Ac ee Requir		
. — — —	6. Name	and Address of Current	Registered Ag	ent		7. Name and Address of New Registered Agent					
						Name					
CT CORPORATION SYSTEM					Street Address (P.O. Box Number is Not Acceptable)						
1200 S. PINE ISLAND ROAD						<del></del> _				<del></del>	
PLANTATIO	ON FL 3332	24									
					City			FL	Zip Cod	de	
	named entity tions of registe		the purpose o	f changing its re	gistered office o	r registered aç	gent, or both, in the State of F	Florida. I am fa	miliar with	, and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if applicable.	(NOTE: R	egistered Agent signat	ure required when r	reinstating)	DATE		<del></del>	
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 Frust Fund Contribut			00 May Be	
10.		OFFICERS AND	DIRECTORS		11.	Αl	DDITIONS/CHANGES TO OF	FICERS AND	DIRECTOF	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT PICA, EUG 55 NE GLE ATLANTA (	nlake PKWY	(	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP ESKEW, M 55 GLENLA ATLANTA (	ke parkway ne	[	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MODEROW	, Joseph R. Nlake PKWy		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS DAVIS, SCI 55 NE GLE ATLANTA (	nlake PKWY	]	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATAS AGRESTA,	MAURICE M. NLAKE PKWY		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS ( CITY-ST-ZIP	DV ESKEW, MI	ICHAEL L NLAKE PKWY		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	55 Gier	Michael L. Nake Pluby NE L. GA 30327		Change	☐ Addition	

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 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.

SEGISTURE REQUIRED Eugene A Pica SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR