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

## F01000002891 DOCUMENT #



FILED
Mar 17, 2003 8:00 am Secretary of State



1. Entity Nan		0002001		03-17-2003 91095 017 ***150.00		
9900 ULMERT #227 LARGO FL 33	7771 Place of Business	Mailing Address 9900 ULMERTON RD #227 LARGO FL 33771  3. Mailing Address				
8433 Costle Garden Rd. Suite, Apt. #, etc.		8433 Castle Garden Rd. Suite, Apt. #, etc.				
City & Star	etto, FL	City & State Polmetto, F	-4	4. FEI Number 52-1536419 Applied For Not Applical		
Zip <b>34</b>		Zip 34221	Country USA	5. Certificate of Status Desired   \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name		
HARTZLER, GARY 9900 ULMERTON RD #227 LARGO FL 33771				Street Address (P.O. Box Number is Not Acceptable) 8433 Cestle Garlen Rl.		
LANGO FL	. 33//1		City Par	lmetto FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of egistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE						
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 \$5.00 May Be Trust Fund Contribution.		
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS CITY-ST-ZIP	HARTZLER, MARGARET T 9900 ULMERTON RD #227 LARGO FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Margaret 1. Hartsker 8433 Castle Garden Rd Palmetto, FL 34221		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARTZLER, GARY J 9900 ULMERTON RD #227 LARGO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gary J. Harrier Change Addition Gary J. Harrier Rd B433 Castle Garden Rd Palmetto, FL 34221		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENTWORTH, KEVIN 482 AMBLEWOOD WAY STATE COLLEGE PA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	vertify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Additi		

nereby 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:** 

Je Treasurer

941-722-5347