## **2003 FOR PROFIT CORPORATION**

UN	IFORM BUSINE	SS REPOR	T (UBR	)			•	
DOCU!				FILED	• 、			
ACCÓLAD	DIA (FLORIDA) LTD, INC.			03 M	AR 21 PH 12:	45		
Principal Place of Business 5728 MAJOR BLVD., STE 505 ORLANDO FL 32819		Mailing Address 5728 MAJOR BLVD STE 505 ORLANDO FL 32819			SECR TALLA	ETARY OF STA	4() 44)() PIEIE (( <b>1</b> ()	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAK	(ING CHANGES	13
City & State		City & State			52-2334/54		pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired	\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
C T CORF	PORATION SYSTEM		Name Street A	Name Street Address (P.O. Box Number is Not Acceptable)				
1200 SOU	ITH PINE ISLAND ROAD	*		(				
PLANTATI	ON FL 33324							
			City				FL Zip Coo	de
	named entity submits this statement folions of registered agent.	or the purpose of changing its	registered office c	r register	ed agent, or both, in	the State of Florida. I	am familiar with	, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signs	ture required	when reinstating)	DA	ATE	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	f State			<b>I</b>	n Campaign Financing und Contribution.		00 May Be ed to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHA	ANGES TO OFFICERS	AND DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, ALAN J SMALLS HILL ROAD NORWOOD HILL SURREY	<b>☑</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		AUENNE, ST.	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALIKER, PAUL C 23 VALE COURT LONDON SW36A-L	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		100	0 <b>014901</b> 301018006	□ Change □ □ 1 □ **150.	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALLISEY, DAVID M 6 CASTLEBAR ROAD EALING, LONDON W5 2DP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWDEN-DOYLE, RICHARD W FRIARS LODGE, FRIARS LANE SURRGY TW9 -INL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS				_ 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.

CITY-ST-ZIP

CITY-ST-ZIP

TREQUESER HALLISEY

