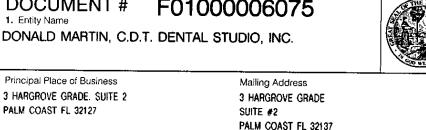
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # F01000006075





FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90320 038 ***150.00

3 HARGROVE GRADE. SUITE 2 PALM COAST FL 32127		3 HARGROVE GRADE SUITE #2 PALM COAST FL 32137			22001612		
2. Principal Place of Business		3. Mailing Address		,			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. F	El Number 04-2629004	⊢	Applied For Not Applicable
Zip	Country	Zip	Country	5. C	ertificate of Status Desired	\$8.75 Ac	dditional red
Name and Address of Current Registered Agent				7. Na	arne and Address of New Reg		
				Name			
Martin, I	DONALD	Chant Add			• •	-	
3 HARGR	OVE GRADE, SUITE 2	Street Addre		t Address (P.O. Bo	x Number is Not Acceptable)		
	AST FL 32127				 		
1 // 201					·••		
•			City			FL Zip Coo	de
8. The above the obliga	named entity submits this statement tions of registered agent.	for the purpose of changing it	s registered office	or registered ager	nt, or both, in the State of Florid	Ja. I am familiar with	, and accept
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NO	TE: Registered Agent sig	nature required when reins	statino)	DATE	
						DAIL	
	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0	_			9. Election Campaign Finan	icina 45 /	00 May Be
Make Checi	Repartment (Payable to Florida Department	of State			Trust Fund Contribution.		d to Fees
10. OFFICERS AND DIRECTORS							
TITLE			11.	ADD	ITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	RS IN 11
NAME	DP DONALD O	☐ Delete	TITLE			Change	Addition
	MARTIN, DONALD G 42 LAGARE ST	•	NAME				
CITY-ST-ZIP	PALM COAST FL 32137		STREET ADDRES	·			
			CITY-ST-ZIP			·	
TITLE	DT	☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS	MARTIN, ANNE F		NAME				ļ
STREET ADDRESS CITY-ST-ZIP	42 LAGARE ST		STREET ADDRES	5			
	PALM COAST FL 32137		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS	_		NAME				1
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES	•			
			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME CTREET ADDRESS			NAME				ļ
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES				İ
			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
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STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME			,	
STREET ADDRESS			STREET ADDRESS	1			

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

SIGNATURE: