FILED Sep 02, 2003 8:00 am Secretary of State

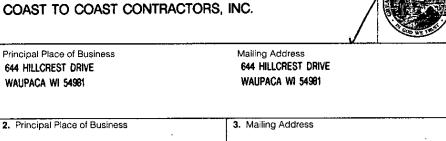
09-02-2003 90181 011 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F02000004457

1. Entity Name



2. Principal P	lace of Busin	ess	3. Mailing Add	3. Mailing Address			L ROBELLON SELECTION CONTRACTOR FOR		il #4811 61681 I	
Suite, Apt.	#, etc.		Suite, Apt. i	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State	9		City & State	City & State			39-2(132/14			plied For t Applicable
Zip Country			Zip	Zip C		5.	Certificate of Status Desired		8.75 Addi ee Required	
	and Address of Curre	nt Registered Ager		7. Name and Address of New Registered Agent						
UCC FILING & SEARCH SERVICES, INC.						Name				
	PARK AVE				Street Address (P.O. Box Number is Not Acceptable)					
STE. 200										
TALLAHASSEE FL 32302				City				FL	Zip Code	;
the obligat	named entity ions of regist		t for the purpose of o	changing its reg	istered office or r	egistered ag	ent, or both, in the State of Flo	rida. I am fan	niliar with, a	and accept
SIGNATURE .	Signature, typed	or printed name of registered ag	ent and title if applicable.	(NOTE: Res	gistered Agent signatur	e required when r	einstating)	DATE		
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State							9. Election Campaign Fin Trust Fund Contribution			D May Be to Fees
10.	•	OFFICERS AN	ND DIRECTORS		11.	ΑC	DDITIONS/CHANGES TO OFFI	CERS AND D	IRECTORS	IN 11
TITL [®] E NAME STREET ADDRESS CITY-ST-ZIP	644 HILLO	, MURRAY C CREST DRIVE A WI 54981		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			. [Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		OUIS C CREST DRIVE A WI 54981	X	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	644 HILLO	, PERDITA A CREST DRIVE A WI 54981		Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP		. 60.		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				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			Ţ	Change	☐ Addition
TITLE		·····		Delete.	TITLE				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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

715-256-0476