2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

P O BOX 1351

P O BOX 1351

US

EUSTIS FL 32727

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

F06925 **DOCUMENT #**

Country

6. Name and Address of Current Registered Agent

1. Entity Name

P O BOX 1351

Principal Place of Business

19708 EUSTIS AIRPORT RD

2. Principal Place of Business

EUSTIS FL 32727-1351

Suite, Apt. #, etc.

SPIKES, BILLY G.

PO BOX 1351

SIGNATURE

EUSTIS FL 32727

19708 EUSTIS AIRPORT RD

8. The above named entity submits this the obligations of registered ager

City & State

Zip

MID-FLORIDA AT EUSTIS, INC.



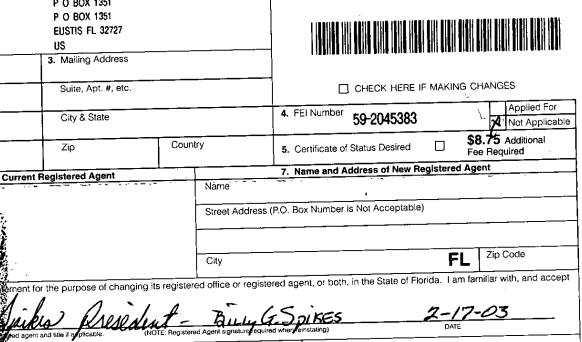
Country

Name

City

FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90238 005 ***150.00



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Fi	LE NOW!!! FEE'S \$150,00			 9. Election Campaign Financing Trust Fund Contribution. 		May Be to Fees
After	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State					
			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
10.	OFFICERS AND DIRECTO		ŢſŢĹĔ		☐ Change	Addition
TITLE	DV	Delete	NAME			
NAME	THIBAULT, MICHAELLE		STREET ADDRESS			
STREET ADDRESS	9000 NE 120TH ST		CITY-ST-ZIP			
CITY-ST-ZIP	OKEECHOBEE FL.		_		☐ Change	Addition
TITLE	DPST	☐ Delete	TITLE		g.	_
NAME	SPIKES, BILLY G		NAME			
STREET ADDRESS	19708 EUSTIS AIRPORT RD P O BOX 13	51	STREET ADDRESS			
CITY-ST-ZIP	EUSTIS, FL 32726 32727		CITY-ST-ZIP			
	LUOTIO, LE OELES TOLL	_ Delete	TITLE		Change	☐ Addition
TITLE	عقات المعجبة ا	=_	NAME			
NAME			STREET ADDRESS			
STREET ADDRESS			CITY-ST-ZIP			
CITY-ST-ZIP		Delete	TITLE	•	Change	Addition Addition
TITLE		LI Delete	NAME			
NAME			STREET ADDRESS			
STREET ADDRESS			CITY-ST-ZIP			
CITY-ST-ZIP					☐ Change	Addition
TITLE		☐ Delete	TITLE			
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STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP		[] Change	☐ Addition
TITLE		☐ Delete	TITLE		☐ Change	
NAME	·		NAME			
NAME STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	,		CITY-ST-ZIP			
U11-21-71				O-vis- 110 07/200 Florida Statutes I furthe	er certify that the	information

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.