2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90437 026 ***150.00

Zip Country Zip Country 5. Certificate of Status Depired S8.75 Additional See Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address (PC. Box Number is Not Acceptable) FLE NOWA S. Signature 7. Name and Address of New Registered Agent 7. Name and Address (PC. Box Number is Not Acceptable) FLE NowA S. Signature 7. Name and Address of New Registered Agent 7. Name and Address (PC. Box Number is Not Acceptable) FLE NowA S. Signature 7. Name and Address of New Registered Agent 7. Name and Address (PC. Box Number is Not Acceptable) FLE NowA S. Signature 7. Name and Address of New Registered Agent 7. Name and Address (PC. Box Number is Not Acceptable) FLE NowA S. Signature 7. Name and Address of New Registered Agent 7. Name and Address (PC. Box Number is Not Acceptable) FLE NowA S. Signature 7. Name and New Agent					4	05-05-2005 704.	57 020	150.00
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STARKE FL 32091 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tamiliar with, and accident the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME FUTCH, PHILIP STEVEN STREET ADDRESS CITY-ST-ZIP TIME NAME NAME STREET ADDRESS CITY-ST-ZIP CRAME CRAME CRAME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CRAME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CRAME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CRAME ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES TO OFFICERS ADDI			_	Street Ad	dress (P.O	Box Number is Not Acceptable)		
Expression of registered agent. SIGNATURE Signature, typed or privated name of registered agent and trie if applicable. (NOTE: Registered Agent aignature received when rematering) After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME TITLE NAME DV FUTCH, PHILIP STEVEN STREET ADDRESS CITY-ST-2PP STREET ADDRESS CITY-ST-2PP TITLE NAME		= :	•			· · · · · · · · · · · · · · · · · · ·		
B. 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 accidented agent and interest agent and interest approaches. (NOTE: Registered Agent aignature required when retractating) FILE NOW!!! FEE IS \$150.00	SIAMINE I	/L 32091	÷	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
SIGNATURE Signature True Signature			·			FI	_ ' '	_
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

2-1-03

904-964-6200

Daytime Phone #