2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F46999



FILED Mar 10, 2003 8:00 am Secretary of State

BILL W	HITAKER, CHARTERED			03-10-2003 90746 049 ***150.00	
Principal Place of Business 2931 LAKE PINELOCH BLVD ORLANDO FL 32906 US		Mailing Address 2931 LAKE PINELOCH BLVD. ATTN: PATTI STAUB ORLANDO FL 32806			
2. Principa	I Place of Business	US 3. Mailing Address			
Suite, Ap	Dt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & St	ate	City & State		4. FE! Number 59-2129326 Applied	For
Zip	Country	Zip	Country	I Not App	
	6. Name and Address of Curre	nt Registered Agent		Fee Required	
		in riegistered Agent	Name	7. Name and Address of New Registered Agent	
DOROUG	GH, R. LEE				
809 IRMA AVE			Street Addre	ess (P.O. Box Number is Not Acceptable)	
STE 2					
ORLAND	O FL 32803				
ļ			City	FL Zip Code	
8. The abov	e named entity submits this statement	for the purpose of changing i	ts registered office or regi	istered agent, or both, in the State of Florida. I am familiar with, and ac	cont
	and the distance agent.		•	and an arms of the second of t	copi
SIGNATURE		<u> </u>			
	Signature, typed or printed name of registered age	nt and title if applicable. (NO	OTE: Registered Agent signature req	quired when reinstaling) DATE	-
1	FILE NOW!!! FEE IS \$150.00				
Make Chec	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	of State		9. Election Campaign Financing \$5.00 May Trust Fund Contribution.	
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDD MUTAKED BULL	- Delete	TITLE	☐ Change ☐ A	idition
NAME STREET ADDRESS	WHTAKER, BILL 2931 LAKE PINELOCH BLVD		NAME	_ Grange _ A	
CITY-ST-ZIP	ORLANDO FL 32806		STREET ADDRESS		ĺ
TITLE			CITY-ST-ZIP		J
NAME		☐ Delete	TITLE	☐ Change ☐ Ac	dition
STREET ADDRESS			NAME Street Address		
CITY-ST-ZIP			CITY-ST-ZIP		Ì
TITLE	The state of the s	☐ Delete	TITLE		ļ
NAME			NAME	☐ Change ☐ Ad	dition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		
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STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
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		· .	CITY-ST-ZIP		
NAME		☐ Delete	TITLE	☐ Change ☐ Add	ition
NAME STREET ADDRESS		☐ Delete	TITLE NAME	☐ Change ☐ Add	ition
NAME		☐ Delete	TITLE	Change Add	ition
NAME STREET ADDRESS CITY-ST-ZIP TITLE		Delete	TITLE NAME STREET ADDRESS		
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NAME STREET ADDRESS CITY-ST-ZIP TITLE	•	∟ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MRECBILL WHITAKER 3/7/2003

407/843-2222