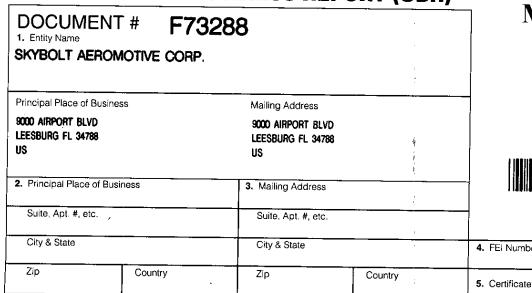
## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 14, 2002 8:00 am Secretary of State 05-14-2002 90202 041 \*\*\*150.00



US			LEESBURG FL 34788 US			# 1 <b>00</b> /1 <b>00</b> 1/1/1 # <b>000</b> 0 7/1/10 1/100/ 10/10		19 1 <b>18</b> 11 11	( <u>0.14 61841</u> (660)
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State			City & State		4	. FEI Number 59-2176669		-	plied For t Applicable
Zip		Country	Zip	Country	5.	. Certificate of Status Desired		75 Add Required	litional
	6. Name	and Address of Current F	Registered Agent	==	7.	Name and Address of New Reg			···
BOWERS	, WINFIELD :	S., JR		Nan	ne 				
7421 LAK	E OLA CIRC XORA FL 32:	ELE		Stre	Street Address (P.O. Box Number is Not Acceptable)				
MOONIL	JUNA FL 32	151		ł					
	<del>-</del>	<del></del>		City			FL ∤	ip Code	······································
8. 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.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta		\$550.00	10. Election Campaign Finant Trust Fund Contribution.	~ <u> </u>		May Be to Fees
11. OFFICERS AND DI			RECTORS 12.		A	DDITIONS/CHANGES TO OFFICE	RS AND DIRE	CTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bowers, 1 7400 Lake Mt. Dora	OLA DRIVE	☐ Delete	TITLE NAME STREET ADDRE			□ cı		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7421 LAKE MOUNT DO	R, WINFIELD S OLA CIRCLE PRA FL 32757	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS		□ Cr	nange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7421 LAKE	DOROTHY A. OLA CIRCLE RA FL 32757	Delete Delete	TITLE  NAME  STREET ADDRES  CITY-ST-ZIP	is	g kilikus in ini ini ini ini ini ini ini ini ini	. □.ci	iànge T	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP			□ Cha	ınge	Addition
inereby c	ertify that the i	ntormation supplied with th	is filing does not qualify for the	he exemption s	tated in Section	119.07(3)(i) Florida Statutes I furt	har aa-ti6. tht	Ale e !ede	

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:** 

FURE REQUIPED. Bowers TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/02

352-326-0001

Daytime Phone #