2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED Aug 13, 2003 8:00 am Secretary of State			
1. Entity Nam		00003385			08-13-2003 90076 03:	I Sta 5 ***550.0	te 10	
210 MONROE 20TH FL MONTGOMER US	Y AL 36104	Mailing Address 210 MONROE ST 20TH FL MONTGOMERY AL 36104 US	1					
2. Principal P Suite, Apt.	#, etc.	3. Malling Address Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & State			4. FEI Number 34-1743761 Applied For			
Zip	Country	Zip	Country			\$8.75 Add		
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered A	Fee Require	-	
the second secon				-Name-				
1200 SOL	PORATION SYSTEM JTH PINE ISLAND ROAD		Street	Address (I	ddress (P.O. Box Number is Not Acceptable)			
PLANTATI	ON FL 33324	·	City	<u></u>	FL	Zip Code)	
the obligat	named entity submits this statement folions of registered agent. Signature, typed or printed name of registered agent a		s registered office		ed agent, or both, in the State of Florida. I am i when reinstating) DATE	familiar with,	and accept	
After Sep	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750. c Payable to Florida Department of				9. Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCTEAR, PAUL H JR 201 MONROE ST 20TH FL MONTGOMERY AL 36104	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BRYAN, REBECCA 201 MONROE ST 20TH FL MONTGOMERY AL 36104	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5		Change	☐ Addition	
TITLE NAME Street address City-St-Zip	V TRAPP, MELISSA D 201 MONROE ST 20TH FL MONTGOMERY AL 36104	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5		Change	Addition	
TITLE NAME Street Address City-St-Zip **	V SPINOLA, JOHN 201 MONROE ST 20TH FL MONTGOMERY AL 36104	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5		Change	Addition .	
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3		Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP