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SECHETARY OF STATE TALLAHASSEE. FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

incipal Place of Business 38 LEIN RD EST SENECA, NY 14224 US  Principal Place of Business  Sulte, Apt. #, etc.  City & State  Zip Country  6. Name and Address of Current  VITCZAK, KEVIN 142 KRISTIN COURT  IAPLES, Ft. 34105  The above named entity submits this statement is the obligations of registered agent.  KSNATURE  Symbol of principal range of explanationage		Country  Name Street Addres  City	CHECK HERE IF MAKING CHANGES  4. FEI Number 16-1452802 -   Applied For     Not Applicable
Suite, Apt. #, etc.  City & State  Zip  Country  6. Name and Address of Current  YITCZAK, KEVIN  142 KRISTIN COURT  IAPLES, FL. 34106  The spove named entity submits this statement is the obligations of registered agent.	Suite, Apl. #, etc.  City & State  Zip  t Registered Agent	Country  Name Street Addres  City	CHECK HERE IF MAKING CHANGES  4. FEI Number 16-1452802   Applied For Not Applicable    8. Certificate of Status Desired   \$8.75 Additional Foo Required    7. Name and Address of New Registered Agent    Is (P.O. Box Number is Not Acceptable)
City & State  Zip  Country  6. Name and Address of Current  VTTCZAK, KEVIN  142 KRISTIN COURT  IAPLES, FL 34105  The above named entity submits this statement is the obligations of registered agent.	City & State Zip t Registered Agent	Country  Name Street Addres  City	4. FEI Number 16-1452802   Applied For   Not Applicable  5. Certificate of Status Desired   \$8.75 Additional   Foo Required  7. Name and Address of New Registered Agent  is (P.O. Box Number is Not Acceptable)
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142 KRISTIN COURT  IAPLES, FL 34106  The above named entity submits this statement to the obligations of registered agent.  IGNATURE	for the purpose of changing It	Street Address City	
The above named entity submits this statement in the obligations of registered agent.	for the purpose of changing It	L	⊏f Zip Code
the obligations of registered agent.	for the purpose of changing It	L	⊏† Zip Code
the obligations of registered agent.	for the purpose of changing it	ts registered office or regis	FL
SELECTION IN PRESENTATION		DE Registrat Agent Egnatue requ	sired when elementing) CATE
After May 1, 2003 Fee will be \$5500 Afternded UBR is \$61.25 ake Check Payable to Florida Department	of State		9. Election Campaign Financing \$5,00 May Be Trust Fund Contribution.
O. OFFICERS AND	Delete	11. 10LE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
CALLAHAN, PATRICK J REFLANDRESS 15 GREENWOOD RV-ST-ZP ORCHARD PARK, NY 14127	□ Desite	NAME STREET ADDRESS CRIV-ST-ZIP	Change Addition
TIE S AME SCHAAB, WILLIAM III TREE1ADORESS PO BOX 110D TY-S1-ZP GRAND ISLAND, NY 14072	☐ Delete	TRLE NAME STREET ADDRESS CRY-ST-ZIP	☐ Change ☐ Addition &
TLE AME TREE) ADDRESS TRY-51-2P	☐ Delete	TITLE NAME STREET ADDRESS CRY-ST-219	
ITLE AME TREET ADDRESS ITY-ST-ZP	Delete	TITLE NAME STREET ADDRESS CRY-ST-21P	☐ Change ☐ Addition
itle Aide Theet adoress TV-51-2P	☐ Delete	TITLE RAME STREET ADDRESS CITY-ST-ZIP	☐ Cleange ☐ Addition
ine Ame Treet adoress GY-S1-2p	☐ Delete	TOLE NAME STREET ADDRESS CRY-ST-2IP	☐ Change ☐ Addition
2. I hereby certify that the information supplied with indicated on this report of suppliered principles of the corporation of the received or the septime changed, or on an attachment with an incoress.  SIGNATURE:	ith this filling does not qualify its true and accurate and that powered to execute this report, with all other like empowere	for the exemption stated in it my signature shall have that as required by Chapter and as required by Chapter and the chapter	i Section 119.07(3(i), Florida Statutes, I further certify that the information he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNATURE AND TYPED OF	R DINNTED NAME OF SIGNING OFFICE	ER OR DIRECTOR	Cho Christie Prome 8