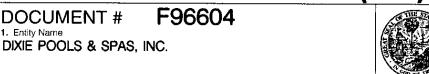
## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

1. Entity Name

Principal Place of Business 3777 N JOHN YOUNG PKWY ORLANDO FL 32804

Mailing Address 3777 N JOHN YOUNG PKWY ORLANDO FL 32804



## **FILED** Jan 06, 2003 8:00 am Secretary of State

01-06-2003 90014 043 \*\*\*150.00



US		us					
2. Principal Place of Business		3. Mailing Address			OLI OHOH BIOM CHO!	81811   1887	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-2223786		ed For	
Zip	Country	Zip	Country		\$8.75 Addition	onal	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
STEINIHAI	UER, JAMES E		Name	Name .			
3777 N JOHN YOUNG PKWY			Street Address (P.O. Box Number is Not Acceptable)				
	O FL 32804						
			City	City FL Zip Code			
3. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its r	registered office or regis	stered agent, or both, in the State of Florida. I am fa	amiliar with, and	d accept	
SIGNATURE .							
	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	<b>\$5.00</b> Added to		
10.	OFFICERS AND D	DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN	I 11	
TITLE NAME STREET AODRESS CITY-ST-ZIP	VT THOMPSON, MARTIN 3777 N JOHN YOUNG PKWY ORLANDO FL 32804	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
TITLE  IAME  STREET ADDRESS  CITY-ST-ZIP	PS STEINHAUER, JAMES E 3777 N JOHN YOUNG PKWY ORLANDO FL 32804	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP	The second of the second of	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change C	Addition	
MLE () AME () TREET ADDRESS ITY-ST-ZIP	Turk dan kerikan dan bersek	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*** *****	Change	Addition	
TLE  AME  TREET ADDRESS  ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change [	Addition	

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.

**SIGNATURE:**