## **FILED**

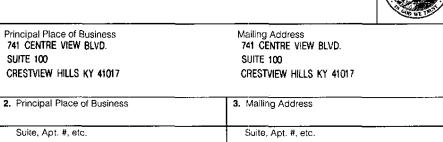
Apr 15, 2003 8:00 am Secretary of State

04-15-2003 90091 004 \*\*\*150.00

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

**DOCUMENT #** 





|--|--|--|--|

	_											
2. Principal P	Principal Place of Business 3. Ma			Mailing Address			† ( <b>30</b> )(91 ()	IN 18111   1864 86146 88	iii \$0iii <b>00</b> iii <b>4</b>	<b>uful ul</b> ilb bibli	<b>                                    </b>	
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State			4	J. FEI Number	FEI Number 61-1223065 Applied Fo					
Zip		Country	Zip Cour			ntry	5	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent							7	. Name and Ad	dress of New R	egistered A	gent	
The second secon						Name						
CORPORATION SERVICE COMPANY 1201 HAYS STREET						Street Address (P.O. Box Number is Not Acceptable)						
	SSEE FL 32	301					****		<u> </u>			
						City				FL	Zip Cod	e
the obligat	ions of regist	/ submits this statement for ered agent. -	r the purp	ose of changing its	register	ed office or	registered	agent, or both, i	in the State of Flo	rida. I am f	amiliar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent a	ind title it app	olicable. (NOTE	Registere	d Agent signatur	e required whe	en reinstating)	<del></del>	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Chack Payable to Florida Department of State					,			on Campaign Fin Fund Contribution			May Be I to Fees	
10.		OFFICERS AND	DIRECTO	iRS	11.			ADDITIONS/CH	IANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C RE VIEW BLVD., SUITE W HILLS KY 41017	100	☐ Delete	-					_	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BORKE, J. 505 NORT CHICAGO	'H LAKESHORE DRIVE,	APT. 10	Delete		1	•				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		J D RE VIEW BLVD., SUITE W HILLS KY 41017	100	☐ Delete		1					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition
TITLE		· · · · · · · · · · · · · · · · · · ·		☐ Delete	TITLE	:		_			☐ 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.

CICALATTIDE.

CICALATTIDE.

4/9103

CICALATTIDE.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

4/9103

Daytime Phone #