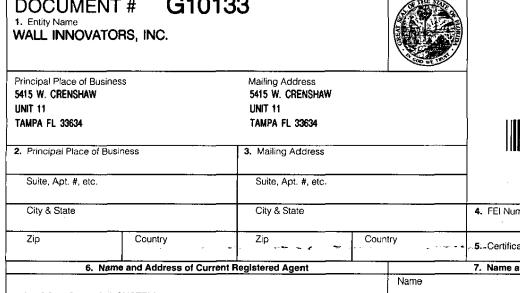
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

G10133 DOCUMENT



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90163 012 ***150.00

5415 W. CREI UNIT 11 TAMPA FL 33	634	Mailing Address 5415 W. CRENSHAW UNIT 11 TAMPA FL 33634									
2. Principal F	Place of Business	3. Maili	ing Address							1811 \$1811 1841	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & Stat	е	City & State				4.	FEI Number 59-223345	52	_ 	oplied For ot Applicable	
Zip Country			Zip Cour				5. Certificate of Status Desired Fee Required				
	6. Name and Address of Current	Registere	egistered Agent			7. Name and Address of New Registered Agent					
-			<u>-</u>		Name						
	ORATION SYSTEM	-			Street Address (P.O. Box Number is Not Acceptable)						
	ine Island Road On FL 33324										
				}	City		• •	FL	Zip Cod	e	
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent.					egistered ag		Florida. I am fai	niliar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS							9. Election Campaign Trust Fund Contribu	tion.	Added	May Be I to Fees	
10.	PS OFFICERS AND	DIRECTOR		11.		AL	ODITIONS/CHANGES TO O				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete BLAZIER, RONALD L 1120 HOLLYRIDGE RD. ACKSONVILLE FL						ι	Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DEVARS, KERRY P. 2111 BOOT LAKE CIRCLE TAMPA FL 33612		☐ Delete		T ADDRESS			(Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVARS, KENNETH P. 6520 SEAFAIRER DR. TAMPA FL		☐ Delete	TITLE NAME STREE CITY-S	FADDRESS ST-ZIP			[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COYLE, JOHN T. JR. 3977 CORDOVA AVE. JACKSONVILLE FL		☐ Delete	TITLE NAME STREET	FADDRESS ST-ZIP			[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET	FADDRESS ST-ZIP	-		[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME	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 a address, with all other like empowered.

SIGNATURE: 2