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

FILED Apr 21, 2003 8:00 am Secretary of State

	MENT# 6/765	ر برود ادا با بساید اداد .				04-21-200	3 90387 042	***150.00
DO NOT WRITE IN THIS SPACE								
Principal Place of Business C/O Richard A. LaFuze Suite, Apt. #, etc.		3. Mailing Address 16 Ferry Road, S.E. Sulte Abt * Ferc					EUN THIS SPACE	
City & State		City & State Fort Walton Beach, FL		4 . Fi	4. FEI Number 50-2246317 Applied For			
Zip	Country Zip 32548		Country		5. C	5. Certificate of Status Desired Sa.75 Additional Fee Required		
					7. Nan	7. Name and Address of Current Registered Agent		
			[Name R	ichard A. I	ard A. LaFuze		
DO NOT WRITE				·		(P.O. Box Number is Not Acceptable)		
	THIS SP	ACE			1ar Mar La			
	** * * * * * * * * * * * * * * * * * *			^{City} Navarre		,	FL 32	Code 566
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and tille if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE								
January 1 - May 1 Fee is \$150.00 -9. Election Campaign Financing Amended UBR is \$61.25 Make Check Payable to Florida Department of State								
10.	OFFICERS AND D		1			<u> </u>		
TITLE	aFuze, Richard A. (PDST)		TITLE					60
NAME	2124 Mar Mar Lane	4 Mar Mar Lane		NAME			12%	
STREET ADDRESS CITY-ST-ZIP	Navarre, FL 32566	varre, FL 32566		T ADDRESS ST-ZIP		. વર્ષ		
TITLE	LaFuze, Cheryl E. (VD) 2124 Mar Mar Lane			TITLE .			•	
NAME STREET ADDRESS				T ADDRESS		•		j ./º
CITY-ST-ZIP	Navarre, FL 32566		CITY-ST-ZIP			. 1		E
TITLE NAME	Barrett, Janice (V) 707 Heron Lane		TITLE NAME		;			
STREET ADDRESS	Destin, FL 32541		STREET	STREET ADDRESS		DO NOT	MDITE	
CITY-ST-ZIP	· · · · · ·			ST ZIP		DO NOT		
TITLE NAME	Aull, Denise K. (V) 310 Casa Grande Lane Santa Rosa Beach, FL 32459		TITLE			IN THIS S	SPACE	• •
STREET ADDRESS			STREET	T ADDRESS ST- ZÎP				_ حُدِيد
TITLE	Faulk, Shannon L. (V)		TITLE	4.11				
NAME	1003 27th Street		NAME		į.			
STREET ADDRESS CITY-ST-ZIP	ADDRESS Niceville, FL 32578		STREET ADDRESS : CITY-ST-ZIP					4
TITLE	-		TITLE	21 - CIF				
NAME			NAME					
STREET ADDRESS				ADDRESS		•	•	
CITY-ST-ZIP+	Co. The second section is		CITY-S	ST-ZIP :	+	, , , , , , , , , , , , , , , , , , ,		

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 on an attachment with an address, with all other like empowered.

850-244-5713

Daytime Phone #