2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

P.O. BOX 1193

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

CRYSTAL RIVER FL 34423

G31619 DOCUMENT

Country

6. Name and Address of Current Registered Agent

1. Entity Name

Principal Place of Business

4314 N SUNCOAST BLVD

CRYSTAL RIVER FL 34428

Suite, Apt. #, etc.

VAN NORMAN, IVY

6618 S. BEAGLE DR HOMOSASSA FL 34446

the obligations of registered agent.

City & State

Zip

SIGNATURE;

2. Principal Place of Business

VAN NORMAN & ASSOCIATES, INC.



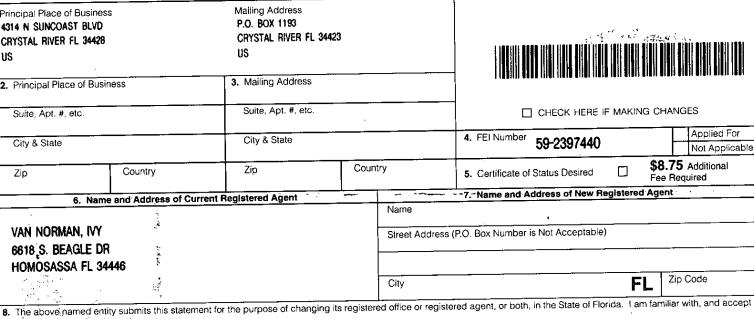
Country

Name

City

FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90298 022 ***150 00



SIGNATURE	Signature, typed or printed name of registered agent and title if app	licable. (NOTE:	Registered Agent signature requir	ired when reinstating) DATE
F After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND DIRECTO	DRS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT VAN NORMAN, IVY D. 6618 S. BEAGLE DR HOMOSASSA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAIN, RUSSELL, E 2017 OVERVIEW DR. LECANTO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, Change Addition
TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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.