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

G43308 DOCUMENT

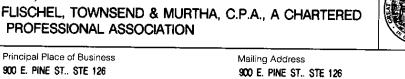
1. Entity Name

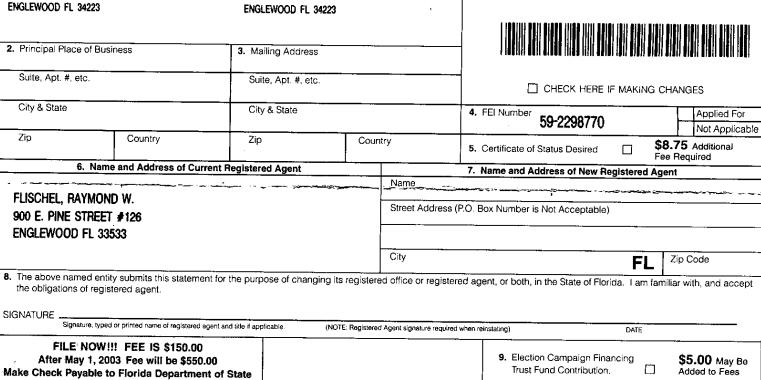


Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90450 034 ***150.00

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PROFESS	IONAL ASSOCIATION	ON	





make Chec	K Payable to Florida Department of State			Added to Fees
10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FLISCHEL, RAYMOND W 900 E. PINE STREET #126 ENGLEWOOD FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS- TOWNSEND, JAMES D 900 E. PINE STREET #126 ENGLEWOOD FL	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	⊠ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	THOMAS E. MURTHA Change Addition 900 E. PINE STREET #126 ENGLEWOOD, FL 34223
TITLE NAME		☐ Delete	TITLE	☐ Change ☐ Addition

TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CiTY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

Delete

Change

☐ Addition