2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED Mar 17, 2003 8:00 am Secretary of State

1. Entity Na				03-17-2003 91066 022 ***150.00								
136 BULLDOG DR L758 BUNNELL FL 32110 P. O US FLAC			Mailing Address L758650 P. O. BOX 1677 FLAGLER BEACH FL 321: US	58650 O. BOX 1677 AGLER BEACH FL 32136								
2. Principal	Place of Business	3. Mailing Address	ailing Address				T TERRITOR BOTH LODGE LANGE FROM THE STATE					
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.	ite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Sta	ate	City & State	City & State			4. F	El Number	59-245355	6	<u> </u>	Applied For	
Zip	Country		Zip	ip Countr			5. Certificate of Status Desired \$8.75 Additional Fee Required					dditional
	6. Name and A	ddress of Current Re	gistered Agent				7. N	ame and A	dress of New	Registered		
COLE, GL	FN			Name				***			· .	
59 RICHM			Street Address (F				P.O. Box Number is Not Acceptable)					
PALM COAST FL 32137					<u> </u>							
				City				· -	FL	Zip Co	de	
8. The above	e named entity submations of registered a	nits this statement for the	e purpose of changing its	s registere	d office or	registere	d age	nt, or both, i	n the State of F	Florida. I am	familiar with	, and accept
SIGNATURE		I name of registered agent and	itle if sonlicable (NOT	E. Basista	d Agent signatu							
্থ Afte ূMake Chec	FILE NOW!!! FEE or May 1, 2003 Fee k Payable to Florid	will be \$550.00 da Department of Si	ate					9. Election	on Campaign Fund Contribut	~ _	\$5.0 Adde	00 May Be d to Fees
10. ' TITLE	Р	OFFICERS AND DIF	RECTORS Delete	11.			ADD	ITIONS/CH	ANGES TO OF	FICERS AND		RS IN 11
NAME	COLE, GLEN S. 59 RICHMOND D PALM COAST FL		∟ Delete			136	Bu	illdoes	Drive 32110)	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLE, KEVIN G. 6 REGINA LANE PALM COAST≅FL	32164	☐ Delete								Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET	T ADDRESS					,	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	r address St-Zip						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			•	- 14	_	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby c	ertify that the informs	ation supplied with this	Delete	CITY-S	1						☐ Change	Addition

indicated on this report or 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 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 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 impowered.

SIGNATURE:

386-437-4364

CR2F034 (10/02)