## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** H12253

**DOCUMENT#** 



## **FILED** Mar 13, 2003 8:00 am Secretary of State

Principal Place of Business  Mailing Address  Mailing Address  Mailing Address  1100 N Main ST  1100 N Main ST  STORE A  BELLE GLADE FL 33430  US  2. Principal Place of Business  3. Mailing Address		
2. Principal Place of Business 3. Mailing Address	<b>                                    </b>	
Suite, Apt. #, etc.  Suite, Apt. #, etc.	KING CHANGES	
City & State City & State 4. FEI Number 59-2421827	<b>—</b>	pplied For ot Applicable
Zip Country Zip Country 5. Certificate of Status Desired	\$8.75 Ad	ditional
- 6. Name and Address of Current Registered Agent - 7. Name and Address of New Registere		
Name	- Contiguent	<del>-</del>
HARVILLE, JANIE B  Street Address (P.O. Box Number is Not Acceptable)	···	
1100 N MAIN ST SUITE 103.		
BELLE GLADE FL 33430	FL Zip Cod	e
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. Latthe obligations of registered agent.	am familiar with,	and accept
		l .
SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  Date of the printed name of registered agent and title if applicable.		
25 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DAT	NE	
	\$5.0	0 May Be
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  (NOTE: Registered Agent signature required when reinstating)  9. Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	to Fees
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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** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-996-0806

Daytime Phone #