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

04-21-2003 90309 021 ***150.00

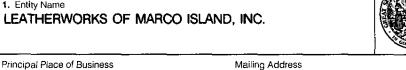
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

H16321 DOCUMENT #

1. Entity Name

696 BALD EAGLE DR.

MARCO ISLAND FL: 34145



696 BALD EAGLE DR. MARÇO ISLAND FL 34145

US		US							
2. Principal Place of Business 2 De 3. Mailing Address 682 BAID FANTE De 682 BAID E			FAULEI	عد		. 80	TIMIT DIRIT BINIT O	B	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State	Lelave, F1	MARCO IS	lans F	1	4. FEI Number 59-24	33129		oplied For ot Applicable	
タ オト	45 Country A	34142	Country		5. Certificate of Status D	esired	\$8.75 Add Fee Required		
	6. Name and Address of Current F			7. Name and Address o	1 New Registered	Agent			
KENISON, CAROLYN 696 BALD EAGLE DR.				Street Address (NO. Box Number is No) Acceptable)					
MARCO IS	SLAND FL 34145	ļ		•					
				City MARCO IS IAND FL 34945					
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office of	r registered	agent, or both, in the Sta	ite of Florida. I am	familiar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	É: Registered Agent signa	ture required wh	en reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State					9. Election Camp Trust Fund Co		\$5.0 Added	May Be	
10.	OFFICERS AND [DIRECTORS	11.		ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS	3 IN 11	
TITLE	PST	☐ Delete	TITLE			-	☐ Change	Addition	
NAME	KENISON, CAROLYN M.		NAME	١	N. 1	1 -	1		
STREET ADDRESS CITY-ST-ZIP	696 BALD EAGLE DR. MARCO ISLAND FL 34145		STREET ADDRESS CITY-ST-ZIP	689	, Balo EAG	le Du			
TITLE		☐ Delete	TITLE	1	1		☐ Change	Addition -	
NAME			NAME					. '	
STREET ADDRESS			STREET ADDRESS	1	••			1	
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CITY-ST-ZIP			CITY-ST-ZIP						
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NAME			NAME	[
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	<u></u>	` <u> </u>		·		
TITLE		☐ Delete	TITLE				Change'	☐ Addition	
NAME			NAME						
STREET ADDRESS			STREET ADDRESS	1		·		;	
CITY-ST-ZIP			CITY-ST-ZIP	 					
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						

with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of 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 proved to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if say, with all other like empowered. 12. I hereby certify that the information supp indicated on this report or supplemental reof the corporation or the receiver or changed, or on an attachment with

SIGNATURE: