2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H54738



FILED Feb 27, 2003 8:00 am Secretary of State

Principal Place of Business 10825 49TH ST N CLEARWATER FL 33711	RE IF MAKING RE IF MAKING Registered A	\$8.75 Fee Requ	Applied For Not Applicable Additional uired
Suite, Apt. #, etc. City & State Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New MILLER, SUSAN BURKET 4065 49TH AVE SOUTH Street Address (P.O. Box Number is Not Acceptated Agent Street Address (P.O. Box Number is Not Acceptated Agent Street Address (P.O. Box Number is Not Acceptated Agent Street Address (P.O. Box Number is Not Acceptated Agent Street Address (P.O. Box Number is Not Acceptated Agent Street Address (P.O. Box Number is Not Acceptated Agent Street Address (P.O. Box Number is Not Acceptated Agent Street Address (P.O. Box Number is Not Acceptated Agent Street Address (P.O. Box Number is Not Accepta	RE IF MAKING RE IF MAKING Registered A	\$8.75 Fee Requ	Applied For Not Applicable Additional uired
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name MILLER, SUSAN BURKET 4. FEI Number 59-252900 Street Address of Current Registered Agent Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptated Agent) City 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 Fine obligations of registered agent. SIGNATURE Signature, typed or ported name of registered agent and life if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OF TITLE NAME STREET ADDRESS ST PETERSBURG FL TITLE NAME STREET ADDRESS ST PETERSBURG FL	RE IF MAKING RE IF MAKING Registered A	\$8.75 Fee Requ	Applied For Not Applicable Additional uired
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 of the corporation or the receiver or truth.] Change	Addition

accurate and that my signature shall have the same legal effect as it made under oath; that it am ar execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Blo

SIGNATURE!