## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## J02310 DOCUMENT #

1. Entity Name

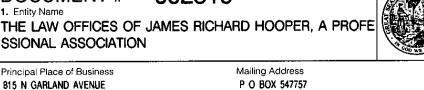
ORLANDO FL 32801



Mar 21, 2003 8:00 am § Secretary of State 03-21-2003 90085 047 \*\*\*150.00

**FILED** 

THE LAW	OFFICES (	OF JAMES	RICHARD	HOOPER,	A PROFI
SSIONAL	ASSOCIATI	ON			



ORLANDO FL 32854-7757

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-2643860 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOOPER, JAMES R. Street Address (P.O. Box Number is Not Acceptable) 815 N GARLAND AVENUE ORLANDO FL 32801 Zip Code 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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition Delete TITLE TITLE NAME HOOPER, JAMES R. NAME STREET ADDRESS 20 NORTH ORANGE AVENUE STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME 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 trusted empowered the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered the same legal effect as if made under oath in the same legal effect as if made under oath in the same legal effect as if made under oath in the same legal effect as if made under oath in the same legal effect as if made under oath in the same legal effect as if made under oath in the same legal effect as if made under oath in the same legal effect as if made under oath in the same legal effect as if made under oath in the same legal effect as if made under oath in the same legal effect as if made under oath in the same legal effect as if m cuts 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 a

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

PRESIDENT

407-849-0167

☐ Change

☐ Addition