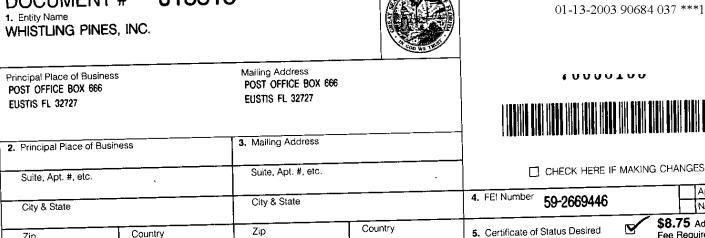
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

J13813 **DOCUMENT #**



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90684 037 ***158.75

Applied For

City & State		City & State		"''	59-2069440		Applicable
Zip	Country	Zip	Country	ì	ertificate of Status Desired	\$8.75 Additi Fee Required	ional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
	6. Name and Address of Current	itogioto: 5	Name		1		
THOMPSON, HORACE E				Street Address (P.O. Box Number is Not Acceptable)			
	ISTLING PINES RD.						
	TA FL 32784						
DOINA VIOL	IA 1 E 32/04		City		F	Zip Code	
	,		'		- -		and accept
8. The above	named entity submits this statement for	r the purpose of changi	ng its registered office or re	egistered age	ent, or both, in the State of Florida. I arr	I (diliniai with a	
the obligation	ons of registered agent.						
					DATE		
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered Agent signature	required when re	instating)		
∆fter	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00				 Election Campaign Financing Trust Fund Contribution. 		May Be to Fees
Make Check	Payable to Florida Department of	of State			DITIONS/CHANGES TO OFFICERS AN	VID DIRECTORS	3 IN 11
10.	OFFICERS AND	DIRECTORS	11.	AL	DITIONS/CHANGES TO OTT TOUTION	∏ Change	Addition
TITLE	PD	☐ Delete	•				
NAME	THOMPSON, HORACE E		NAME STREET ADDRESS				
STREET ADDRESS	16436 WHISTLING PINES RD.		CITY-ST-ZIP				
CITY-ST-ZIP	DONA VISTA FL 32784					Change	Addition
TITLE	ļ	☐ Delete	NAME				
NAME			STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	1		CITY-ST-ZIP				
		□ Delet	e TITLE			Change	Addition
TITLE NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP			☐ Change	Addition
TITLE		☐ Dele				C Onlange	
NAME			NAME OTREET ARRESES				
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP	<u> </u>					☐ Change	Addition
TITLE	T	Dele Dele	te title NAME				
NAME			STREET ADDRESS				
STREET ADDRESS	8		CITY-ST-ZIP				
CITY-ST-ZIP		Dele	ata TITLE			☐ Change	Addition
TITLE			NAME				
NAME			STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
G117-31-217	if , that the information supplied w	with this filing does not a	ualify for the exemption sta	ted in Sectio	n 119.07(3)(i), Florida Statutes. I further	certify that the	intormation er or director

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: