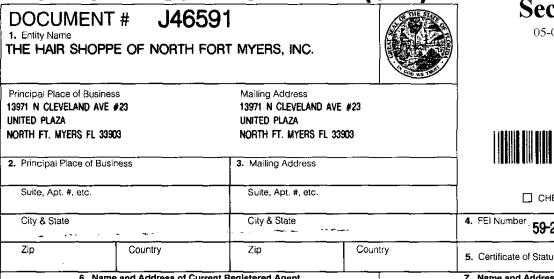
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**



## **FILED** May 02, 2003 8:00 am § Secretary of State 05-02-2003 90199 004 \*\*\*150.00

111211		, wit Et 10, ii								
13971 N CLEV UNITED PLAZA	ce of Business VELAND AVE #23 A YERS FL 33903	Mailing Address 13971 N CLEVELAND AVE #23 UNITED PLAZA NORTH FT. MYERS FL 33903								
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State				4. FE	Number 59-2765890		$\overline{}$	plied For -
Zip	Country	Zip	Co	ountry	-				5 Add	itional
	6. Name and Address of Current	Registered Agent				7. Na	me and Address of New Regis			
				Name						
-	eborah K. Ay Court		Street Addre			s (P.O. Box Number is Not Acceptable)				
	T. MYERS FL 33903									
				City				FL Zi	p Code	
	e named entity submits this statement for tions of registered agent.  Signature, typed or printed name of registered agen	KD.	ikes	Stered office or I			4	. I am familiai — 28- DATE	with,	and accept
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f.State			· · ·		Election Campaign Financ Trust Fund Contribution.	~ —		0 May Be to Fees
10.	· OFFICERS AND	DIRECTORS		11.		ADD	ITIONS/CHANGES TO OFFICE	RS AND DIRE	CTORS	S IN 11
	DP J DUKES, DEBORAH K. 5854 MILLAY COURT NO. FJ MYERS FL		1	TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Cr		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUKES, JEFFREY 5854 MILLAY CT N FT MYERS FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	_			CI	ange	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, THOMAS W 5854 MILLAY CT N FT MYERS FL		. !	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		□ Ct	ange	Addition
	T DUKES, SHANNON 5854 MILLAY CT N FT MYERS FL		, I	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sh	AN,	NON SAPP	<b>⊠</b> Cr	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, M	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Cr	ange	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		Delete 1	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Cr	ange	Addition

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: