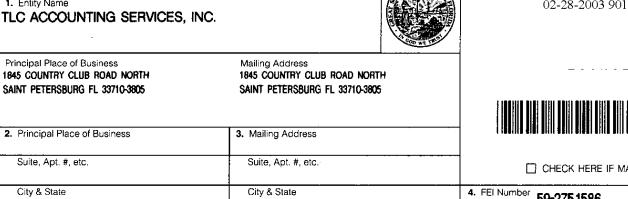
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J50456 **DOCUMENT#**

1. Entity Name



FILED									
Feb 28, 2003 8:00 am									
Secretary of State									

02-28-2003 90164 024 ***150.00

	e of Business / CLUB ROAD NORTH BURG FL 33710-3805	Mailing Address 1845 COUNTRY CLUB ROAD NORTH SAINT PETERSBURG FL 33710-3805								
2. Principal P	lace of Business	3. Mailing Address				i 180/JIJ 2 10/ 0/			IIIII BIIII DI	ili bibil ibbi
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State	e	City & State			4	4. FEI Number 59-2751586				plied For t Applicable
Zip	Country	Country Zip C		try	5	5. Certificate of Status Desired S8.75 Addition Fee Required				
			7	. Name and Addi	ess of New Re	sistered Ag	ent			
-COTE, TONI L. 1845 COUNTRY CLUB ROAD NORTH ST PETERSBURG FL 33710				Street Address (P.O. Box Number is Not Acceptable)						
				City				FL	Zip Code	
Signature _	named entity submits this statement for ons of registered agent. Signature, typed or printed name of registered agent a ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00	rick			registered	en reinstating) 9. Election	he State of Flori	DATE	\$ 0 / 3 \$5.0	
	Payable to Florida Department of									
NAME STREET ADDRESS	PD COTE; TONI L. 1845 COUNTRY CLUB ROAD N ST PETERSBURG FL 33710-3805	DIRECTORS Delete			PD	additions/chai			RECTORS	Addition
NAME STREET ADDRESS	VP Goodrich, Al 1845 Country Club RD N Saint Petersburg Fl 33710-38	□ Delete	4					Ε] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. T Delete _ ga	NAME STREE	~ · · · · · · · · · · · · · · · · · · ·		e aprile in the Property of the Control of the Cont	::::::::::::::::::::::::::::::::::::::] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						С] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete ·					•	Ε] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	□ Delete	CITY-	T ADDRESS ST-ZIP	adia Pari	110.07(0)(). (1-	ido Chatritan II	,	Change	Addition

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:

SIGNACONTONDL. GOOD RICH SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/02 (727)346-0801