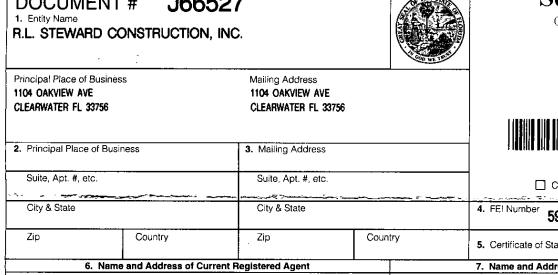
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J66527 DOCUMENT



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90253 007 ***150.00

n.L. SIEV										
Principal Place of Business 1104 OAKVIEW AVE CLEARWATER FL 33756		Mailing Address 1104 OAKVIEW AVE CLEARWATER FL 33756		-						
2. Principal Place of Business		3. Mailing Address			1					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_	1		A A A IZINIO	OLIANOSO		
ييد د د		ه رسینسست کانی درست				CHECK HERE IF	MAKING	JHANGES		<u>-</u> -
City & State		City & State			4. FEI Number 59-2795408				Applied For Not Applicable	
Zip Country		Zip	Zip Countr		5. Certificate of Status Desired		\$8.75 Additional Fee Required			
	6. Name and Address of Current F	LRegistered Agent			7. N	Name and Address of New Reg				┨
****				Name						
STEWARD, RICHARD L. 1104 OAKVIEW AVE				Street Address (P.O. Box Number is Not Acceptable)						1
	TER FL 34616					•				1
				City			FL	Zip Cod	e	
	named entity submits this statement for ions of registered agent.	the purpose of changing	its registere	ed office or register	ed age	ent, or both, in the State of Florid	da. I am fa	niliar with,	and accept	1
***										}
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (N	OTE: Registered	d Agent signature required	1 when re	instating)	DATE			
		1,								+
	ILE NOW!!! FEE IS \$150.00 - May 1, 2003 Fee will be \$550.00					9. Election Campaign Finar		\$5.0	May Be	
	Payable to Florida Department of	State				Trust Fund Contribution.			to Fees-	1
10.	OFFICERS AND E	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFIC	ERS AND (DIRECTOR:	S IN 11	1
TITLE	PT	☐ Delete	TITLE					☐ Change	Addition	18
NAME	STEWARD, RICHARD L.		NAME	I						(10/02
STREET ADDRESS CITY-ST-ZIP	1104 OAKVIEW AVE CLEARWATER FL			ET ADDRESS ST-ZIP						FORA
			_							⊣ ন
TITLE NAME	S CTEMARD CHARON	☐ Delete	TITLE					Change	☐ Addition	0
STREET ADDRESS	Steward, Sharon 1104 Oakview Ave			ET ADDRESS						
CITY-ST-ZIP	CLEARWATER FL 33756			ST-ZIP						
TITLE		☐ Delete	TITLE					Change	☐ Addition	1
NAME			NAME				,			}
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CITY-ST-ZIP			CITY-	ST-ZIP						
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CITY-ST-ZIP-			=== CITY	ST-ZIP	==					<u> </u>
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CITY-ST-ZIP	<u> </u>			ST-ZiP						-
TITLE		☐ Delete	TITLE				Į.	Change	☐ Addition	
name Street address			NAME	T ADDRESS						
CITY-ST-ZIP				ST-ZIP					ļ	
	ertify that the information supplied with t	his filing does not qualify t	F		ction 1	19 07(3)(i) Florida Statutes 1 fr	irther certif	v that the ir	nformation	1
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indicated on this report or supplemental report of the corporation or the receiver or trusted en changed, or on an attachment with an address and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director and to executate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director do not be same legal effects as if made under oath; that I am an officer or director and to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if