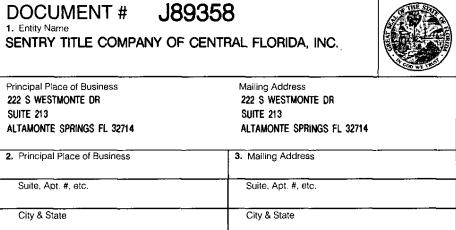
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE



## FILED Apr 17, 2003 8:00 a Secretary of State 04-17-2003 90143 024 \*\*\*150.00

4/14/03

Daytime Phone #

Date

am	00/8232
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222 S WESTMONTE DR SUITE 213 ALTAMONTE SPRINGS FL 32714			222 S WESTMONTE DR SUITE 213 ALTAMONTE SPRINGS FL 32714								
2. Principal Place of Business			3. Mailing Address					(O() O())} B E	II BIBII BIBII 7	B   <b> </b>   B	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & Stat	e	· · · · · · · · · · · · · · · · · · ·	City & State			4. FEI Number 59-2837872 Applied For Not Applied For				oplied For	
Zip	Country Zip Coun			Country		<b>5.</b> _C	Certificate of Status Desired		8.75 Add	litional	
	6. Name	and Address of Current R	egistered Agent	<u> </u>		7. N	lame and Address of New Reg	istered A	gent		
		Set .		N:	Name						
KENDALI	DONALD I	*			·						
-		NY CIRCLE #348		St	Street Address (P.O. Box Number is Not Acceptable)						
								<u> </u>			
ALIAMON	TE SPHING	SS FL 32714									
`1	i.,			Ci	·			FL	Zip Cod		
	named entiti ions of regist	*	the purpose of changing its	s registered of	fice or register	ed age	ent, or both, in the State of Floric	la. I am fa	miliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent an	d title if applicable. (NO	FE: Registered Ager	nt signature required	when rei	instating)	DATE			
After	r May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550.00 0 Florida Department of	State	44-1			Election Campaign Finar Trust Fund Contribution.	ncing		May Be	
10.		OFFICERS AND D	PIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	269 SPRIN	DONALD F IGS COLONY CR., #348 TE PRINGS FL 32714	☐ Delete	TITLE NAME STREET ADI CITY-ST-Z	l l				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCULLO 605 HERM	DHS, JOAN C	☐ Delete	TITLE NAME STREET ADI CITY-ST-Z	ı				☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADI CITY-ST-Z	1				☐ Change	Addition	
indicated of the cor	on this repor	t or supplemental report is t	rue and accurate and that	my signature s	shall have the s	same le	19.07(3)(i), Florida Statutes. I fu egal effect as if made under oat la Statutes; and that my name a	h; that I ar	n an officer	or director	