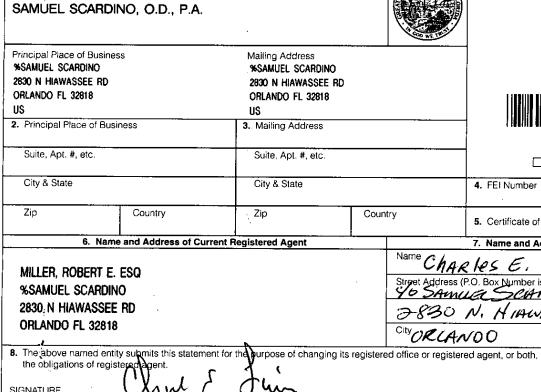
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # J91344

1. Entity Name

SIGNATURE: ≤



FILED Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90956 003 ***150.00

US US	O FL 32818 ORLANDO FL 32818 US								
2. Principal Place of Business		3. Mailing Address			\dashv	! !###################################	dal bigir dalah etabli	EFRII BIBIN 1866	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State City & State					4. F	4. FEI Number 59-2830222 Applied For			
Zip	Country Zip		Country		5 (Certificate of Status Desired	\$8.75 Ad	ot Applicable Iditional	
6. Name and Address of Current Registered Agent			1	7. Name and Address of New Registered Agent			Fee Require	∌d	
•	G. Hame and Address of Curren	it negistered Agent		Name 🙇 /					
MILLER, ROBERT E. ESQ				Name Charles E. LEWIS, MBA., J.D.					
%SAMUEL SCARDINO				Street Address (P.O. Box Number is Not Acceptable)					
2830, N HIAWASSEE RD			2020 N HOWNEET VI						
ORLANDO FL 32818			-	2830 N. HIAWASSEE RD CITYORIANOO FL ZIECOGE 18					
				ORG	4NO() · F	FL 338	5 /8	
The above the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing it	s registere	d office or regi	stered age	ent, or both, in the State of Florida. I a	am familiar with,	and accept	
uic objigat	I I I I I I I I I I I I I I I I I I I	1, '				ع ا ما ع	•		
SIGNATURE	Signature, typed or printed name of registered age	the and title it applicable (NO	TE: Posistores	Agent signature req	u des el cultura sed	a 128 103	-		
		The and the Happingable. (NO	TE: Registered		juirea when rei	nstating) DAT	E		
,	ILE NOW!!! FEE IS \$150.00					9. Election Campaign Financing	\$5.0	00 May Be	
	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department					Trust Fund Contribution.		d to Fees	
10.	OFFICERS ANI		11.			DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	C IN 44	
TITLE	DP ·	Delete	TITLE		AUI	DITIONS/CHANGES TO OFFICERS A		Addition -	
NAME	SCARDINO, SAMUEL	Delete	NAME						
STREET ADDRESS	2830 N HIAWASSEE RD		STREE	T ADDRESS					
CITY-ST-ZIP	ORLANDO FL		CITY-	ST-ZIP					
TTLE	DST	☐ Delete	TITLE				☐ Change	Addition	
NAME	SCARDINO, MARIA		NAME						
STREET ADDRESS	2830 N HIAWASSEE RD			T ADDRESS					
CITY-ST-ZIP	ORLANDO FL		CHY-	ST-ZIP					
TITLE NAME	,	☐ Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS			NAME	T ADDRESS					
DITY-ST-ZIP	,			ST-ZIP					
TLE	7	☐ Delete	TITLE				Chongo	Addition	
IAME			NAME				☐ Change	☐ Addition	
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AME			NAME				-		
TREET ADDRESS				T ADORESS					
ITY-ST-ZIP			CITY-S	ST-ZIP					
ITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
iame Treet address			NAME	r ADDDERGE					
ITY-ST-ZIP			CITY-S	T ADDRESS					
	ertify that the information eupplied with	h this filing does not avalle to			Continu	10.07/3Vi) Flacida Octobra 14 11			
of the corp	ertify that the information supplied wit on this report or supplemental report i poration or the receiver or trustee emp or on an attachment with an address,	is true and accurate and that i powered to execute this report	my signatu : as require	re chall have th	na cama la	ical effect se if made under eath: that	t nom an officer	or director 1	