2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8. The above named entity submits this statement for the purpose of changing its registered office or registered

Signature, typed or printed name of registered agent and title if applicable

J95064

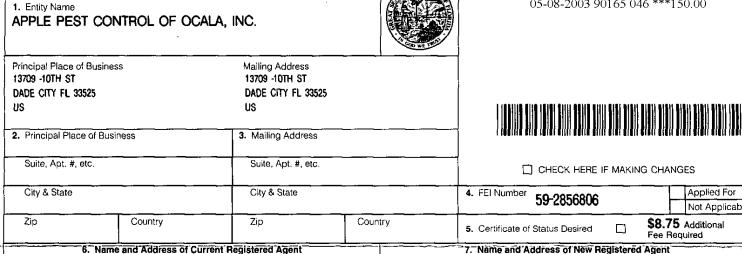
DOCUMENT #

GATES, CHARLES A.

the obligations of registered agent.

- FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

13709 10TH ST DADE CITY FL 33525



May 08, 2003 8:00 am Secretary of State

05-08-2003 90165 046 ***150.00

AHA

		CHECK	HERE IF MAK	ING CH	HANGES		
		4. FEI Number 59-285			Applied For		
_			,0000		Not Applicable		
	Country	5. Certificate of Status De	5. Certificate of Status Desired Fee				
7. Name and Address of New Registered Agent							
	Name						
Street Addre		Address (P.O. Box Number is Not Acc	s (P.O. Box Number is Not Acceptable)				
	City			=L [Zip Code		
g its	registered office	or registered agent, or both, in the Sta	te of Florida. 1 a	am fami	liar with, and accept		
(NOT	E: Registered Agent signa	ature required when reinstating)	DATE				
		9. Election Campi Trust Fund Con			\$5.00 May Be Added to Fees		
	11.	ADDITIONS/CHANGES	TO OFFICERS A	AND DIF	RECTORS IN 11		
	TITLE				Change		

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC Delet GATES, CHARLES A. 13709 -10TH ST DADE CITY FL 33525	e TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition :
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST □ Defet GATES, PATRICIA N. 13709 -10TH ST DADE CITY FL 33525	e TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Detek	e TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	e TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	e TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: