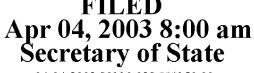
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

K00223





riled									
Apr 04, 20	003	8.00	am						
Secretar	y oi	Stat	e						
04-04-2003 90	110 039	***150.00							

Principal Place of Business 454 ROCKEFELLER DRIVE NEW SMYRNA BCH FL 32168 US 2. Principal Place of Business Suite, Apt. #, etc. City & State		454 R NEW US 3. Mai	Mailing Address 454 ROCKEFELLER DRIVE NEW SMYRNA BCH FL 32168 US 3. Mailing Address Suite, Apt. #, etc. City & State			4.	CHECK HERE IF MAKING CHANGES  4. FEI Number  59-2872539  Not Applicable				
Zip		Country	Zip		Country	,	5.	Certificate of Status Desired		8.75 Add ee Require	
	6. Name	and Address of Current	Register	ed Agent			7.	Name and Address of New F	Registered A	gent	
REIMER, LOUIS R 454 ROCKERFELLER DR NEW SMYRNA BCH FL 32168					L	Name Street Address (P.O. Box Number is Not Acceptable)					
NEW SMIRNA BUTI FL 32100					City			FL	Zip Code	э	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE .	Signature, typed	or printed name of registered agent	t and title if app	olicable. (NOTE:	Registered A	gent signature r	equired when r	einstating)	DATE		
Afte	r May 1, 200	! FEE IS \$150.00 IS Fee will be \$550.00 Florida Department of						Election Campaign Fire     Trust Fund Contribution			O May Be to Fees
10.	•	OFFICERS AND	DIRECTO	I DRS	11.		ΑΓ	DDITIONS/CHANGES TO OFF	ICERS AND I	DIRECTORS	3 IN 11
TITLE NAME				☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS I-ZIP				☐ Change	Addition
STREET ADDRESS	V REIMER, LO 454 ROCKI			☐ Delete	TITLE NAME STREET	ADDRESS ZIP				Change	Addition
		EBORAH J ERFELLER DRIE RNA BCH FL 32168	<del>.</del>	_ Delete	TITLE NAME STREET	ADDRESS - ZIP				☐ Change_	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET (CITY-ST	ADDRESS - ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET	ADDRESS - ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Heir (II)	☐ Delete	TITLE NAME STREET / CITY-ST	ADDRESS - ZIP				☐ Change	Addition

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 libroempowered.

SIGNATURE: