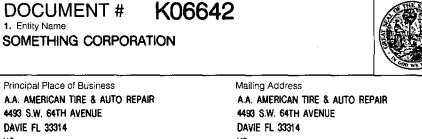
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR



FILED
May 05, 2003 8:00 am & Secretary of State

05-05-2003 90361 012 ***150.00

11037489



US		US							
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			i indimist alt garif dilla steit dikid timi atati dil	itt Manat Ginia n	ien eight ibat	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & State	City & State			-El Number 65-0054701	<u> </u>	oplied For ot Applicable	
Zip	Country Zip		Coun	Country		Certificate of Status Desired \$8.75 Additional Fee Required		ditional	
	6. Name and Address of Curre	ent Registered Agent			7. N	Name and Address of New Registered A			
				Name					
BIGGE, R	obert Jr.		Street Ad		dress (P.O. Box Number is Not Acceptable)				
1120 S.E.	3 AVE.	Ÿ	Sileer At		racess (r.o. box Normber is Not Acceptable)				
	ERDALE FL 33316								
				City FL Zip Code					
		nt for the purpose of changing i	ts registere	ed office or re	egistered ag	ent, or both, in the State of Florida. I am fa	amiliar with,	and accept	
the obligat	tions of registered agent.								
SIGNATURE .							_		
	Signature, typed or printed name of registered ag	gent and title if applicable. (No	OTE: Registered	d Agent signature	required when re	instating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State						9. Election Campaign Financing Trust Fund Contribution. □	\$5.0 Added	0 May Be I to Fees	
10.	OFFICERS AI	ND DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JACKSON, WAYNE 4493 S.W. 64 AVENUE DAVIE FL	☐ Delete		(Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YOUNG, LORI 1493 S.W. 64 AVENUE						Change	☐ Addition	
TITLÉ NAME STREET ADORESS CITY-ST-ZIP		☐ Delete					Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete		- 1			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	- 6	I			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete		I .			☐ 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 rips empowered.

SIGNATURE: