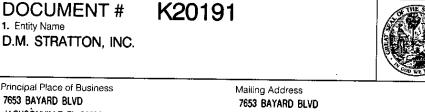
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #



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City & State City & State City & State Country Country Country Country Country Country 5. Certificate of Status Desired Name Name Name Street Address (P.O. Box Number is Not Acceptable) City The above named entity submits this statement for the purpose of changing its registered office or registered desired agent above to both in the Changing its registered office or registered desired agent above to both in the Changing its registered office or registered desired agent agent as both in the Changing its registered office or registered desired agent as both in the Changing its registered office or registered desired agent as both in the Changing its registered office or registered desired agent as both in the Changing its registered office or registered desired agent as both in the Changing its registered office or registered desired agent as both in the Changing its registered office or registered desired agent as both in the Changing its registered office or registered desired agent.	\$8.75 Ade Fee Requirement	Applied For Not Applicable dditional red
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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 far the obligations of registered agent.	miliar with	
	Minical William	, and accept
SIGNATURE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing	e E (00 May Be
Make Check Payable to Florida Department of State Trust Fund Contribution.	Adde	d to Fees
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND D	DIBECTOE	2S IN 11
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NAME STRATION, DILLON M., JR.	onlinge	Addition
STREET ADDRESS 7653 BAYARD BLVD STREET ADDRESS		
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NAME STRATTON, LILLIAN		
STREET ADDRESS 7653 BAYARD BLVD STREET ADDRESS		
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CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

ILLIAN STRATTON 01-08-03 904-268-6052

☐ Change

Addition