FILED Feb 17, 2003 8:00 am Secretary of State

U	AILOUM BOSINE	33 REPUNI	UE)Kj	_ 1/2	01 22 200	•/ 2.00101.041.**	****	_
1. Entity Nan	MENT # LO20000	12573			l L	01-22-200	3 90101 041 **	***50.00	
Principal Place of Business 2945 W. MIDWAY ROAD FORT PIERCE FL 34981		Mailing Address 2945 W. MIDWAY ROAD FORT PIERCE FL 34981		55007519					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #. etc.		☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State		Applied For Not Applicable				7	
Zip Country		Zip Count			5. Certificate of Status Desired 55.00 Additional Fee Required				1
	6. Name and Address of Current	Registered Agent	100		7. Name s	nd Address of New Reg	stered Agent		7
			N	Vame					7
1595	RELL, RICHEY L 5 SE PORT ST. LUCIE BLVD 17 ST. LUCIE FL 34952	MERED IN O	8	Street Address (I	P.O. Box Nurr	ber is Not Acceptable)			-
	•	ME		City	FL Zip Code				-
	named entity submits this statement for tions of registered agent.	the purpose of changing its r	egistered o	office or register	ed agent, or t	ooth, in the State of Florid	a. I am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE.	Registered Age	ant signature required	William reinstating)		DATE		
		FR E NO	WIII EEF	\$5 \$50.00	7				7
		Make Check Payable			s of State				ł
			By May		it of State				
			Dy may			·			_
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITION\$/CH	ANGES]_
TITLE	MGRM	☐ Delete	TITLE				☐ Change	☐ Addition	CR2E083 (10/02)
NAME	DRAWDY, PHIL		NAME	l				•	[8]
STREET ADDRESS	2945 W. MIDWAY ROAD		STREET AL						183
CITY-ST-ZIP	FORT PIERCE FL 34981		CITY-ST-	ZIP					<u> </u>
TITLE	•	☐ Delete	TITLE				☐ Change	☐ Addition	78€
NAME			NAME	}		_			10
STREET ADDRESS	·		STREET AL		- Paritua				1
CITY-ST-ZIP			CITY-ST-	ZIP					-
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TITLE		☐ Delete	TITLE	ľ			☐ Change	☐ Addition	1
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STREET ADDRESS			STREET AD	IDRESS					l
CITY-ST-ZIP		•	CITY-ST-Z	OP					
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CITY-ST-ZIP			CITY-ST-Z	ZIP					1
TITLE		☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	1 '
NAME			NAME	- 1			T curatibe		J ·
STREET ADDRESS			STREET AD	DRESS				•	
CITY-ST-ZIP			CITY-ST-Z	j					1
	ertify that the information supplied with	his filing does not qualify for the			tion 110 07/2	Vi) Florida Statutos 15.4	har nartify that the ini	Inrmation	ł
indicated	on this report is true and accurate and to billity company or the receiver or trustee	hat my signature shall have th	e same leg	al effect as if ma	ade under oal	h; that I am a managing	member or manager	of the	}

Date

Daytime Phone #