## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 20, 2003 8:00 am Secretary of State

1. Entity Nan	MENT # LO20000 WISE ILC			04-14-200		<sup>7</sup> 031 ***	<b>**</b> 50.00			
Orinainai Plas	ce of Business	Molling Address		L	1	<b>ጟጟ</b> ህህ .				
P.O. 80X 560		Mailing Address P.O. BOX 560245								
ORLANDO FL	· =	ORLANDO FL 32856								
}										
		·		<del></del>		1-11				
1 - '	Place of Business	3. Mailing Address	. ,							
PO E			24	2245	,			וו		
Suite, Apt.	. <b>₹,</b> €1C.	Suite, Apt. #, etc.				CHECK HERE I	≈ MAKIN(	3 CHANGES	<b>S</b> .	
City & Stat	te .	City & State t			4. FEI Num	ber		- TA	oplied For	7
ORLa		DIZCANDO		=	56-2		/	<del></del>	Vot Applicable	1
Zip	Country	Zip	Count	try				\$5.00 Ac	ditional	7
328		32856			5. Certifica	te of Status Desired		Fee Requir		1
	6. Name and Address of Current i	Registered Agent			7. Name ar	nd Address of New Re	gistered	Agent		]
- ·HAC	GEN, LONNIE		· ·	Name				-		ŀ
	1 JUDY COURT	•	- 1	Street Address (I	P.O. Box Numl	ber is Not Acceptable)			<del></del>	7
ORLANDO FL 32839										4
J.1.										1
		•	ď	City			FL	Zip Cox	de	1
	· · · · · · · · · · · · · · · · · · ·			<u> </u>				<u> </u>		↲
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	d office or register	ed agent, or b	oth, in the State of Flori	da. Iam	familiar with	, and accept	1
010 00# <b>g</b> =1		/				2/1	بدار	Z		
SIGNATURE .	Signature, hyprid or printed name of registery() agent a	of file if applicable. (NOTE	Pecistered	Agent signature required	when reinstation)		7 / <u>()</u>	<u></u>	<del></del>	Î
	-	<del>/                                    </del>	<del></del>			<del></del>				ł
	0			EE IS \$50.00		1				1
	~	Make Check Payable			nt of State					
		<u></u>		y 1, 2003						1
9.	MANAGING MEMBER		10.			ADDITIONS/C	HANGES			12
TITLE NAME	HAGEN, LONNIE	Delete	TITLE			•		Change	Addition	Iŝ
STREET ADORESS	P.O. BOX 2016		NAME	TADORESS						15
CITY-ST-ZIP	HURST TX 76053			SI-ZIP						CR2E083 (10/02)
TITLE		Delete	TITLE	<del></del>				☐ Change	Addition	2
NAME	,		NAME	II.						10
STREET ADDRESS			STREE	T ADDRESS		,				ĺ
CITY-ST-ZIP	·		CITY-	ST-ZIP		'				
uure		Delete	- TITLE	- 48	_,			- Change	Addition -	l
NAME	   <del></del>		NAME					. ·		ļ
STREET ADDRESS				T ADORESS						
_CITY-ST-ZIP			CUA-	ST-ZIP	<del>,</del>				·	ı
TITLE				l l				☐ Change	Addition	
	•	☐ Delete	TITLE	l l					l	1
NAME CORES ADDOCOS	,	☐ Delets	NAME	1						
STREET ADDRESS		☐ Delets	NAME STREE	T ADDRESS						
STREET ADDRESS CITY-ST-ZIP			NAME STREE CITY-S	T ADDRESS			·		C Adda	
STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREE CITY-S TITLE	T ADDRESS				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME			NAME STREE CITY-S TITLE NAME	T ADDRESS ST-ZIP			1,	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		NAME STREE CITY-S TITLE NAME	T ADDRESS ST-ZIP				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREE CITY-S TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			NAME STREE CITY-S TITLE NAME STREET	T ADDRESS ST-ZIP				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		□ Delete	NAME STREE CITY-S TITLE NAME STREE CITY-S TITLE NAME	T ADDRESS ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		□ Delete	NAME STREE CITY-S TITLE NAME STREE CITY-S TITLE NAME	T ADDRESS  IT ADDRESS  T ADDRESS						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with t	☐ Delete	NAME STREE CITY-S TITLE NAME STREE CITY-S TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP  I ADDRESS ST-ZIP  F ADDRESS ST-ZIP	stion 119.07(3)	(i), Florida Statutes. I tu	_	Change	Addition .	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with tool this report is true and accurate and the original of the regeiver of trustee or the regeiver of the regeive	☐ Delete	NAME STREE CITY-S TITLE NAME STREE CITY-S TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP  I ADDRESS ST-ZIP  F ADDRESS ST-ZIP	tion 119.07(3) ade under oati r 608. Florida	(i), Florida Statutes. I fu n; that I am a managin Statutes.	_	Change	Addition .	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with to this report is true and accurate and the bility company or the receiver or trustee to the second	☐ Delete	NAME STREE CITY-S TITLE NAME STREE CITY-S TITLE NAME STREET CITY-S the exemmel port as n	T ADDRESS ST-ZIP  I ADDRESS ST-ZIP  I ADDRESS ST-ZIP  ption stated in Seclegal effect as if male equired by Chapte	tion 119.07(3) ade under oati ir 608, Florida	(i), Florida Statutes. I fun; that I am a managing Statutes.	rther cert	Change ity that the ir	Addition .	