2003 FOR PROFIT CORPORATIÓN UNIFORM BUSINESS REPORT (ÚBR)

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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LARSEN, DAVID H. 2190 STATE ROAD 434 WEST SUITE 2130 LONGWOOD FL 32779 Crty FL Zip Code 3. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent. SIGNATURE Sometime (poet or private harm of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, and the obligations of registered agent, and the obligations of registered agent. Signature agent age	City & Stat	е	City & State		4. FEI Number 59-2974909	Applied For Not Applicable	
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FILE NOW!!! FEE IS \$50.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State O. OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. ARSEN, DAVID H 2180 STATE ROAD 434 WEST SUITE 2130 LONGWOOD FL 32779 III. NAME 2180 STATE ROAD 434 WEST SUITE 2130 LONGWOOD FL 32779 III. NAME 2180 STATE ROAD 434 WEST SUITE 2130 LONGWOOD FL 32779 III. NAME 2180 STATE ROAD 434 WEST SUITE 2130 LONGWOOD FL 32779 III. NAME 2180 STATE ROAD 434 WEST SUITE 2130 LONGWOOD FL 32779 III. NAME 2180 STATE ROAD 434 WEST SUITE 2130 LONGWOOD FL 32779 III. NAME 2180 STATE ROAD 434 WEST SUITE 2130 LONGWOOD FL 32779 III. NAME 2180 STATE ROAD 434 WEST SUITE 2130 LONGWOOD FL 32779 III. NAME 2180 STATE ROAD 434 WEST SUITE 2130 LONGWOOD FL 32779 III. NAME 2180 STATE ROAD 434 WEST SUITE 2130 LONGWOOD FL 32779 III. NAME 2180 STATE ROAD 434 WEST SUITE 2130 LONGWOOD FL 32779 III. NAME 2180 STATE ROAD 434 WEST SUITE 2130 LONGWOOD FL 32779 III. NAME 2180 STATE ROAD 434 WEST SUITE 2130 LONGWOOD FL 32779 III. NAME 2180 STATE ROAD 434 WEST SUITE 2130 LONGWOOD FL 32779 III. NAME 2180 STATE ROAD 434 WEST SUITE 2130 LONGWOOD FL 32779 III. NAME 2180 STATE ROAD 434 WEST SUITE 2130 LONGWOOD FL 32779 III. NAME 2180 STATE ROAD 434 WEST SUITE 2130 LONGWOOD FL 32779 III. NAME 2180 STATE ROAD 434 WEST SUITE 2130 LONGWOOD FL 32779 III. NAME 2180 STATE ROAD 434 WEST SUITE 2130 LONGWOOD FL 32779 III. NAME 2180 STATE ROAD 434 WEST SUITE 2130 LONGWOOD FL 32779 III. NAME 2180 STATE ROAD 434 WEST SUITE 2130 LONGWOOD FL 32779 III. NAME 2180 STATE ROAD 434 WEST SUITE 2130 LONGWOOD FL 32779 III. NAME 2180 STATE ROAD 434 WEST SUITE 2130 LONGWOOD FL 32779 III. NAME 2180 STATE ROAD 434 WEST SUITE 2130 LONGWOOD FL 32779 III. NAME 2180 STATE ROAD 434 WEST SUITE 2130 LONGWOOD FL 32779 III. NAME 2180 STATE ROAD 434 WEST SUITE 2130 LONGWOOD FL 32779 III. NAME 2180 STATE ROAD 434 WEST SUITE 2130 LONGWOOD FL 32779 III. NAME 2180 STATE ROAD 434 WEST SUITE 2130 LONGWOOD FL 32779 III. NAME 2180 ST			t for the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Florida. I a	n familiar with, and accept	
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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 stocation shall have the same legal effect as if made under oath; that I am an officer or indicated on this report or supplemental report is true and accurate and that my stocation is the same legal effect as if made under oath; that I am an officer or indicated on this report or supplemental report is true and accurate and the stocation is the same legal effect as if made under oath; that I am an officer or indicated on this report or supplemental report is true and accurate and the same legal effect as if made under oath; that I am an officer or indicated on this report of supplemental report is true and accurate and the same legal effect as if made under oath; that I am an officer or indicated on this report of supplemental report is true and accurate and the same legal effect as if made under oath; that I am an officer or indicated on the same legal effect as if made under oath; that I am an officer or indicated on the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect of the same legal effect	indicated	on this report or supplemental report	t is true and accurate and that	my sigoature shall have th	ne same legal effect as if made under cath; that	I am an officer or director	
of the corporation or the receiver or trustee empowered to execute this repert as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block and the changed, or on an attachment with an address, with all other like empowered.	of the corp	poration or the receiver or trustee en	repowered to execute this report	as required by Chapter 6			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/03

Daytime Phone #