FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE ()

UN	MENT	— — 100 .	ESS	ORPOR REPOR	RATI	ION UBR)		Jan 23, 2003 Secretary 01-23-2003 90217	of Sta	te	K 6598 AT
Principal Place of Business 8140 MANASOTA KEY ROAD ENGLEWOOD FL 34223			26200 Suite	ng Address) AMERICAN DRIVE E 305 THFIELD MI 48034	- <u>-</u>						
2. Principal Place of Business				3. Mailing Address				R NOOMING IN DOOR HINDEN HINDE HEALTH BRANK BRANK BRANK BRANK	01011 01211 01011 01	Dir Tibil 1801	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City & State				4.	4. FEI Number 65-1057053 Applied For Not Applied ber			7
Zip		Country	Zip	 -	Coun	ntry	5.	Certificate of Status Desired	\$8.75 Add	litional	1
	6. Name	and Address of Current	Register	ed Agent			7.	Name and Address of New Registere	d Agent		1
CAMMAT	. —, — —. UADOLD	المستهد المستدان	··· —	والحارز مصوارو فالراسطين		Name	نه د		· • · •		
SAMHAT,	NAROLD IASOTA KE				Street Address	(P.O. E	Box Number is Not Acceptable)]	
	OD FL 342										1
LINGLING	700 TE 072					City			Zip Code		1
8. The above	named entity	submits this statement for	r the pure	ose of changing it	s register	L ed office or registe	ered aç	gent, or both, in the State of Florida. Lar		and accept	1
the obligat	tions of regist	ered agent		A	1				/_		-
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if apr	oligeble. (NO	TE: Registere	d Agent signature require	ed when r	reinstating) DATS	1/03		
Afte	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 Florida Department o	f State					Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees	1
10.		OFFICERS AND		l	11.		Ā	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	S (N 11	1
TITLE	PD			☐ Delete	TITLI	£			☐ Change	☐ Addition	8
NAME STREET ADDRESS CITY-ST-ZIP		Harold Asota Key Road Od Fl 34223				E EET ADDRESS -ST-ZIP					2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MAS E NTE LAKEVIEW DRIVE IMORE MI 48047		□ Delete		1			☐ Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ODGER D RICAN DRIVE, STE. 30 LD MI 48034)5,	☐ Delete		1	~~	متوسق دوده وسندس المستداد الدران	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OCCITIC	ED IVII 40004		☐ Delete					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			☐ Delete	TITLE NAM. STRE				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAMI STRE				☐ Change	Addition	†
12. I hereby of indicated of the corchanged,	certify that the on this report poration or th or on an atta	information supplied with t or supplemental report is e receiver or trustee earth chreet with an address	this filing true fid by ered to vith all oth	does not qualify for accurate and that execute this report er like empowered	or the exemple signated as required.	mption stated in Stare shall have the red by Chapter 60	Section same 17, Flori	119.07(3)(i), Florida Statutes. I further of legal effect as if made under oath; that ida Statutes; and that my name appears	ertify that the in I am an officer of in Block 10 or	formation or director Block 11 if	