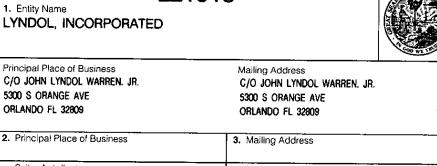
## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## L21918 **DOCUMENT #**

1. Entity Name



## **FILED** Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90065 018 \*\*\*150.00

Principal Place of Business C/O JOHN LYNDOL WARREN. JR. 5300 S ORANGE AVE ORLANDO FL 32809		Mailing Address C/O JOHN LYNDOL WARREN, JR. 5300 S ORANGE AVE ORLANDO FL 32809							
2. Principal	Place of Business	3. Mailing Address		<del></del>		!			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ite	City & State			4,	FEI Number <b>59-2973197</b>		oplied For ot Applicable	
Zip	Country	Zip	try	5.	5. Certificate of Status Desired   \$8.75 Additional Fee Required				
<del>====</del> =	6. Name and Address of Current	Registered Agent		- Nieren	7.	Name and Address of New Registered	Agent		
WARREN	, JOHN LYNDOL, JR.		Name			1			
	OOD LANDING DR.	Street Addre		ess (P.O. E	s (P.O. Box Number is Not Acceptable)				
	) FŁ 32812					· · ·			
				City		- <del>-</del>	1		
		<u>, , , , , , , , , , , , , , , , , , , </u>		City		FL			
<ol><li>The above the obligation</li></ol>	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	s registere	d office or reg	istered ag	ent, or both, in the State of Florida. I am	familiar with,	and accept	
	· ·	·							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signature rec	quired when re	einstating) DATE		<del></del>	
Afte Make Chec	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State		- HF		9. Election Campaign Financing Trust Fund Contribution.  [		<b>0</b> May Be I to Fees	
10.	OFFICERS AND DIRECTORS		11.	11.		DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Warren, John Lyndol, Jr. 4200 inwood Landing Dr. Orlando Fl						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Warren, Lisa A. 4200 inwood landing dr Orlando fl	☐ Delete					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The matter of the Control of the Con	☐ Delete ···		T ADDRESS ST-ZIP			Change ~	· Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREE CITY-	T ADDRESS ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	I ADDRESS ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-S				☐ Change	Addition	
						19.07(3)(i), Florida Statutes. I further cerl egal effect as if made under oath; that I a la Statutes; and that my name appears in			

SIGNATURE:

changed, or on an attachment with an