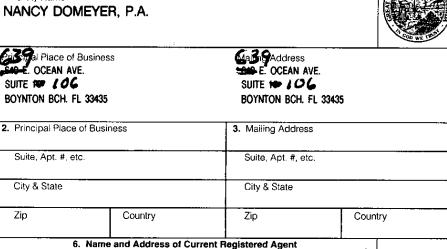
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L31191

1. Entity Name

BRANNON, RICHARD M



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90241 003 ***150.00



DATE

42 N LAKESHORE DR
HYPOLUXO FL 33462

City

City FL Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

•	the obligations of registered agent.	cep
ŞI	IGNATURE	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable.

Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check	Payable to Florida Department of State		İ				
10.	OFFICERS AND DIRECTORS		11. AD		DITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	3 IN 11
TITLE NAME STREET ADDRE CITY-ST-ZIP	DPS DOMEYER, NANCY 1848-E. OCEAN AVE., #48- 1 O.C. BOYNTON BCH. FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOMEYER, NANCY 640 E. OCEAN AVE., #46 / 66 BOYNTON BCH. FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ا ما المعادد ا	☐ Delete	TITLE _NAMESTREET ADDRESS CITY-ST-ZIP	معمد پسريس		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	***		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

12. 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/03

Daytime Phone #

CR2E034 (10/02)