## FILED Apr 25, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP	1. Entity Nam			04-25-2003 90152 015 ***150.00					
Suite, Apt. II, etc.  Suite, App. III, etc.  Suite, Apt. II, etc.	1000 WEST BEACON RD		1000 WEST BEACON RD						
City & State	821 F. Oleando St. 821 F.O Hearder S						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ARKELAND FLORENS   Not Applicable   S8.75 Additional   Fee Required   S8.75 Additional   S8.75 Additional   S8.75 Additional   Fee Required   S8.75 Additional   S8.									
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1. Name 1.	Lakeland Florida Lakeland Florid			rien		4. FEI Number 59-2974298	}+		
S. Name and Address of Current Registered Agent   T. Name and Address of New Registered Agent		O) Country	33801			5. Certificate of Status Desired			
HELESKI, DANIEL V 1000 WEST BEACON RD LAKELAND FL 33803  City FL ZID Code  Charles Code  Charles Code  Charles City Floration  City FL ZiD Code  Charles City Floration  Charles Code  Charles Code  Charles Code  Charles Code  Charles Code  Charles Code  Charles Cod					7. Name and Address of New Registered Agent				
Sircet Address (P.D. Box Number is Not Acceptable)    Street Address (P.D. Box Number is Not Acceptable)					Name				
LAKELAND FL 33803  City FL Zip Code  8. 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 or registered agent	·				Street Address (P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE	ļ <del>u</del>								
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    File Now!!!   FeE IS 150.00	C 11122 111			City		<del> </del>	Zip Co	de	
THE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-	Fb								
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE DP HELESKI, DANIEL V. 1000 WEST BEACON RD LAKELAND FL 33803 CITY-ST-ZIP HELESKI, CATHY A. 13THET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDR									
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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		ertify that the information supplied with t	his filing does not qualify for the	ll	ed in Sec	tion 119 07(3)(i) Florida Statutes I furt	her certify that the	information	

2. 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 TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22 -03

863-644-2566

Daytime Phone #