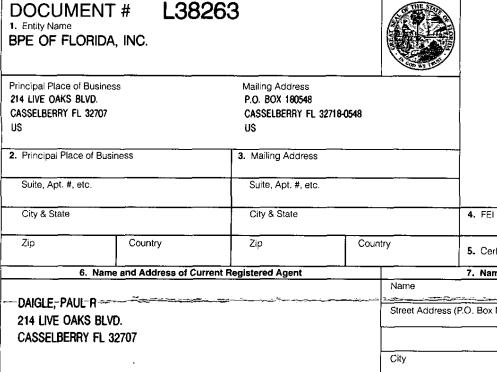
FILED Feb 03, 2003 8:00 am

Secretary of State

02-03-2003 90064 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



|--|--|

US	o us								
2. Principal Place of Business		3	3. Mailing Address				1911 01011 01811	51611 BJ\$11 1861	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State Cit			City & State	Sity & State		50-9006601 H		pplied For ot Applicable	
Zip	Co	ountry	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ad Fee Require	ditional	
	6. Name and	Address of Current Reg	istered Agent		7.	7. Name and Address of New Registered Agent			
 -				Name					
DAIGLE,-I	Paul r			Stroot A	Address (DO Day Number in Not Assessable)				
214 LIVE	OAKS BLVD.			Sileet A	Street Address (P.O. Box Number is Not Acceptable)				
CASSELB	BERRY FL 32707							<u> </u>	
				City			7:- 0		
	•			City		FL	Zip Cod	16	
	tions of registered		purpose of changing its	s registered office or	registered ac	gent, or both, in the State of Florida. I am	familiar with,	and accept	
SIGNATURE	Signature, typed or print	ted name of registered agent and titl	le if applicable. (NO)	TE: Registered Agent signate	required when r	reinstating) DATE		-	
Afte		EE IS \$150.00 se will be \$550.00 rida Department of Sta	ite	· · · · · · · · · · · · · · · · · · ·		9. Election Campaign Financing Trust Fund Contribution. []		00 May Be d to Fees	
10.		OFFICERS AND DIRE	 CTORS	11.	- AI		DIRECTOR	RS IN 11	
TITLE	PST		☐ Delete	TITLE			Change	Addition	
NAME	DAIGLE, PAUL	R	_ 5000	NAME					
STREET ADDRESS	535 TRIPLET L	K		STREET ADDRESS					
CITY-ST-ZIP	CASSELBERRY	/ FL 32707		CITY-ST-ZIP					
TITLE		···	☐ Delete	TITLE			Change	☐ Addition	
NAME	}			NAME					
STREET ADDRESS	1			STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE		-	☐ Delete	TITLE		-	☐ Change	Addition	
NAME	,	المعاد المستعدد المريان	والمراجعين				•		
STREET ADDRESS	Ţ			STREET ADDRESS	1				
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE			☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	1			NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE]		☐ Delete	TITLE			☐ Change	☐ Addition	

12. I hereby certify that the information supplied with the indicated on this report or supplemental report is to r the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information my signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if does not qualify (accurate and that of the corporation or the received changed, or on an attachmen

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

SIGNATURE:)

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Addition