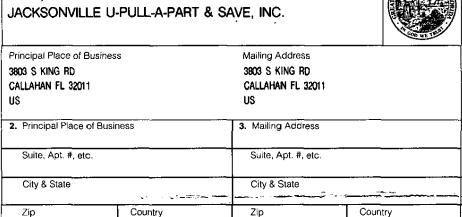
UNIFORM BUSINESS REPORT (UBR

2003 FOR PROFIT CORPORATION

DOCUMENT # 1. Entity Name

L54110



FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90164 037 ***150.00

Principal Place of Business 3803 S KING RD CALLAHAN FL 32011 US			3803 CALL US										
2. Principal Place of Business			3. Mai	3. Mailing Address					 	1) 8)8) 9 18	II BIBII BIBII BI		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City	City & State			E0 00000000 -			polied For			
Zip	Zip Country				Coun	try	5.	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Currer	t Registere				7. Name and Address of New Registered Agent						
THOMPSON, A. BARNETT 3803 S KINGS RD							Name Street Address (P.O. Box Number is Not Acceptable)						
CALLAHAN FL 32011						City	<u></u>				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 obligations of registered agent.													
SIGNATURE .	Signature, typed	or printed name of registered ager	nt and title if app	olicable. (NOTI	E: Registered	1 Agent signatu	e required when	reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of				State					ampaign Financ I Contribution,	ing 🗆		0 May Be I to Fees	
10. OFFICERS AND				DIRECTORS 11.			A	DDITIONS/CHANG	SES TO OFFICE	RS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAMRON, 4950 HWY CRYSTAL I			☐ Delete		i i				 .	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSO	N, A. BARNETT IGS.ROAD		☐ Delete				e7 %	Marie - To Janu	-	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	N, DEBRA H IGS RD		Delete					•		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OALLA(IA)	12 02011		Delete			,	<u>u., </u>			☐ Change	Addition	
TITLE NAME Street address City-St-Zip				☐ Delete				<u> </u>	·		☐ Change	Addition	
TITLE NAME Street Address City-St-Zip				Delete							☐ 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:

CR2E034 (10/02) 🔅 🐺