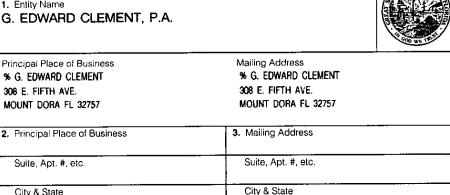
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L58607 **DOCUMENT#**

1. Entity Name



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90203 019 ***150.00

Principal Place of Business % G. EDWARD CLEMENT 308 E. FIFTH AVE. MOUNT DORA FL 32757		% G. 308 E MOUN	Mailing Address % G. EDWARD CLEMENT 308 E. FIFTH AVE. MOUNT DORA FL 32757								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. F	59-2997964		Applied For Not Applicable		
Zip	Zip Country Zip			Country			5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Curren	Registere	ed Agent			7. N	lame and Address of New Regis	tered Agent			
					Name						
CLEMENT, G. EDWARD			Street Address			s (P.O. B	(P.O. Box Number is Not Acceptable)				
308 E. FIFTH AVE.											
MOUNT D	ORA FL 32757										
					City			FL Zip	Code)	
the obligati	named entity submits this statement fons of registered agent. Signature, typed or printed name of registered agent.				ed office or regis			DATE	with, a	and accept	
After Make Check	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	of State					Election Campaign Financi Trust Fund Contribution. Trust Fund Contribution		Added	May Be to Fees	
10.	OFFICERS AND	DIRECTO		11.		AD	DITIONS/CHANGES TO OFFICER				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS CLEMENT, G. EDWARD 308 E. FIFTH AVE MOUNT DORA FL		☐ Delete					□ Ct	ange] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP CLEMENT, G. EDWARD 308 E. FIFTH AVE MOUNT DORA FL		☐ Delete		ı			☐ Cr	апде	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP			□ Delete		1			Ch	ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l			□ Ct	iange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLI NAM STR8	<u> </u>			☐ Cr	ange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	sertify that the information supplied wi		☐ Delete	CITY	ET ADDRESS -ST-ZIP	0-11-	140 07(0Vi) Florida Octavia - 16	Cr		Addition	

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: