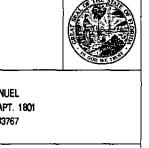
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) L76109 **DOCUMENT #**



Apr 01, 2003 8:00 am & Secretary of State **FILED**

1. Entity Nam		MENT, INC.						04-01-200	3 90043 02	23 ***150	.00
Principal Place of Business % GEORGE EMMANUEL 1180 GULF BLVD APT. 1801 CLEARWATER FL 33767 US 2. Principal Place of Business			Mailing Address % GEORGE EMMANUEL 1180 GULF BLVD APT. 1801 CLEARWATER FL 33767 US 3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State				4. FEI Number 59-3015437				pplied For ot Applicable
Zip Country		Zip Co		Country	5. Certificate of Sta		ate of Status Desired	Fee Required			
6. Name and Address of Current Registered Agent					- N-		7. Name a	nd Address of New	Registered	Agent	
EMMANUEL, GEORGE						Name Street Address (P.O. Box Number is Not Acceptable)					
1180 GULF BLVD APT. 1801 CLEARWATER FL 33767										·	
,						y	FL Zip Code			le	
	named entity s tions of register	submits this statement f	or the purpose	of changing its re	egistered offi	ce or registere	ed agent, or	ooth, in the State of	Florida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or p	printed name of registered agen	t and title if applicable	e. (NOTE:	Registered Agent	signature required	when reinstating)	- 	DATE		
				**			T				
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Torida Department of					9.	Election Campaign Trust Fund Contribu			00 May Be d to Fees
10.		OFFICERS AND	DIRECTORS		T 11.		ADDITION	S/CHANGES TO O	FFICERS AND	DIRECTOR	S IN 11
TITLE	P			☐ Delete	TITLE	7				☐ Change	Addition
NAME	EMMANUEL,				NAME						_ }
STREET ADDRESS		BLVD APT. 1801			STREET ADDR	I					}
CITY-ST-ZIP	CLEARWATE	H FL 33/6/			CITY-ST-ZIP	<u>' </u>					
TITLE	V	VATUUEEN M		Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS		KATHLEEN M. BLVD. APT. 1801			NAME STREET ADD	RESS					
CITY-ST-ZIP	CLEARWATE				CITY-ST-ZIP						. \
TITLE	VP	3 1		☐ Delete	TITLE					☐ Change	Addition
NAME	EMMANUEL,			50.000	NAME						
STREET ADDRESS		BLVD APT. 1801			STREET ADDI	l l				-	
CITY-ST-ZIP	CLEARWATE	R FL 33767			CITY-ST-ZIP						
TITLE	AS	LATER PEN		☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS	TRAMBETTO	, KATHLEEN BLVD APT. 1801			NAME Street addi	nece					
CITY-ST-ZIP	CLEARWATE				CITY-ST-ZIP						
TITLE	VP			☐ Delete	TITLE					Change	Addition
NAME	EMMANUEL,	PAUL			NAME						
STREET ADDRESS		BLVD APT. 1801			STREET ADOR	I					
CITY-ST-ZIP	CLEARWATE	R FL 33767			CITY-ST-ZIP	<u></u>					
TITLE	AVP	CHERTINE		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS	EMMANUEL,	CHRISTINE BLVD APT. 1801	α		NAME Street addr	1566					
CITY-ST-ZIP	CLEARWATE		D /		CITY-ST-ZIP	ſ					}
		formation supplied wit	hthis filing doe	s not qualify for t			ction 119 07(3)(i) Florida Statute	s I further cer	rtify that the i	oformation

indicated on this report or supplemental report liftrue and accurate and that my signature shall have the same legal effect as if made under oath; that I am anofficer or director of the corporation or the receiver or trustee empty wered 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:

WAE REQUIRED SIGNW SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #