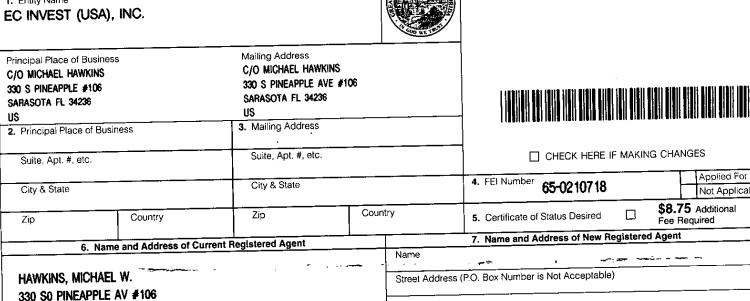
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

182468 **DOCUMENT #**

1. Entity Name

SUITE 705

SARASOTA FL 34236



City

FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90119 021 ***150.00

0/10/00/1/10 0 1201					- d coccet
 The above named entity submits this statement for the purpo the obligations of registered agent. 	se of changing its r	egistered office or registered	l agent, or both, in the State of Florida. I am fi	amiliar with, a	na accept
SIGNATURE Signature, typed or printed name of registered agent and title if appli	cable. (NOTE:	Registered Agent signature required wh	hen 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	,		9. Election Campaign Financing Trust Fund Contribution.	Àdded	May Be to Fees
OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE PT NAME HUNDERUP, DARLENE, B STREET ADDRESS 330 S. PINEAPPLE AVE. #106	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
CITY-ST-ZIP SARASOTA FL 34236 TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the control of th	Change	☐ Addition
TITLE NAME STREET ADÓRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	(_] Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

Applied For

Zip Code

Not Applicable

STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 KEWUNSED Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR