FILED May 05, 2003 8:00 am § Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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2. Principal Place of Business			3. Mai	3. Mailing Address				i innatifite ben instit elitet intel onenn	1111 91911 515	** ***** *****	
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.						a	
								☐ CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			4	. FEI Number 59-3025460			oplied For
Zip	7in Country		Zip	Zip Coun		try					ot Applicable
حاب		Country	Σ.ρ		Coun	u y	5	. Certificate of Status Desired		8.75 Add ee Require	
	6. Name	and Address of Cu	ırrent Registere	d Agent			7.	. Name and Address of New Reg	istered A	gent_	
						Name					
	MIÉLIAM-H/	ATCHER		Street Addre			ress (P.O.	s (P.O. Box Number is Not Acceptable)			
405 W. 19											
SANFORD) FL 32771										
						City			FL	Zìp Cod	e
8. The above	named entit	y submits this statem	nent for the purp	ose of changing its	s registere	d office or re	egistered a	agent, or both, in the State of Florid	a. I am fa	miliar with,	and accept
the obligat	ions of regist	ered agent.		•	-		•				
SIGNATURE .											
	Signature, typed	or printed name of registere	d agent and title if app	licable (NO	TF: Bornietore				0.470		
					re. riegisterer	a Agent signature	required wher	n reinstating)	DATE		
		! FEE IS \$150.0	0		TE. Neglatere	a Agent signature	required when	T		\$5.0	
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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 appaddress, with all other like empowered.

SIGNATURE:

Çke9E@illîam⊞ Dickey SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 322 0651

Date

Daytime Phone #

CR2E034 (10/02)