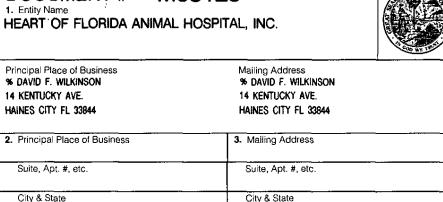
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

M95125 DOCUMENT #



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90055 023 ***150.00



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number City & State Applied For 59-2963603 Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent WILKINSON, DAVID F. 14 KENTUCKY AVE. HAINES CITY FL 33844

Country

Street Address (P.O. Box Number is Not Acceptable)

City

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

Zip

FILE NOW!!! FEE IS \$150.00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS

9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

7. Name and Address of New Registered Agent

\$5.00 May Be Added to Fees

10.	OFFICERS AND BIRECTORS	TI: ABBITIONS/CHANGES TO OFFICE AND BITIES TO A TITLE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete WILKINSON, DAVID F. 14 KENTUCKY AVE. HAINES CITY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete WILKINSON, CONNIE T 14 KENTUCKY AVE. HAINES CITY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 of the corporation or the re changed, or on an attachm

SIGNATURE:

CR2E034 (10/02)