## **2003 FOR PROFIT CORPORATION**

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # M99911							FILED Apr 21, 2003 8:00 am Secretary of State			
1. Entity Nan							04-21-2003 90421 (			
Principal Place of Business 3100 W HIGHWAY 98 PANAMA CITY FL 32401			g Address - W HIGHWAY 98 MA CITY FL 32401				I 18818811 118 IRNIK KUNIK KONELIKOR: 1481 AKRIK	firk eirk eirk í	1871 <b>217</b> 14 1 <b>78</b> 1	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Stat	е	City	& State			<b>4</b> . F	59-2914352	- I	oplied For ot Applicable	
Zip	Country	Zip		Country		<b>5.</b> 0	Dertificate of Status Desired	\$8.75 Add		
	6. Name and Address o	Current Registere	ed Agent		_ <del></del> -	7. N	lame and Address of New Registered	Agent		
GENTRY, MARK C BAY POINT HARBOUR VILLIAS UNIT 4222 P.O. BOX 28478					Name Street Address (P.O. Box Number is Not Acceptable) 1.511_MICHIGAN_AVENUE					
PANAMA	CITY FL 32411						FI.  STATE OF L.  Sent, or both, in the State of Florida. I am	324	01	
SIGNATURE . F. After	Signature, typed or printed name of regional printed name of regions in the signature of th	0.00 \$550.00	licable. (NOTE:	Registered Agent signa	ture required	when rei	9. Election Campaign Financing		O May Be	
10.	OFFIC	RS AND DIRECTO	RS	11.		ADI	DITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GENTRY, MARK C PO BOX 28478 BAY POI PANAMA CITY FL 32411	NT HARBOUR #4	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Michigan Ave. ma City, FL 32401	<b>X</b> Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Gentry, Donna Po Box 28478 Bay Poi Panama City Fl 32411	NT HARBOUR #4	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Michigan Ave. ma City, FL 32401	★ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLÉ NAME STREET ADORESS			☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	☐ Addition	

12. Thereby 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 an address, with all other like empowered.

**SIGNATURE:** 

850-785-8548

Daytime Phone #

CR2E034 (10/02)