## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 17, 2003 8:00 am Secretary of State

1. Entity Nar	TA ASSOCIATION FOR RE		03-17-2003 910	088 044 ****	<b>'</b> 70.00			
Orinainal Clar	an of Rusinasa	M-91- A	<u> </u>	A WEST	-			
3659 CORTE	ce of Business	Mailing Address P.O. BOX 9292	<del>-</del>					
SUITE 110	2 RD W	BRADENTON, FL 34206-9292						
BRADENTON, FL 34210								
•							<b>681 89181 888</b> 688	E EUR BEN IDD
2. Principal F	Place of Business	3. Mailing Address						
						rein ensu penu een e		RI BIIII BBII 1881
Suite, Apt.	. #, etc.:	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Stat	te	City & State			4. FEI Number Applied For			
0.1, 0.0.0	•	City di State			65-0988415 Applied For Not Applied For			
Zip	Country	Zip Cou					£0.75 AJ	
	· ·				5. Certificate of St	atus Desired XXX	X Fee Require	ed .
-	6. Name and Address of Current		7. Name and Address of New Registered Agent					
CANUITECON IVAN CEO				Name				
CANUTESON, IVAN CEO 3669 CORTEZ RD. W			St	Street Address (P.O. Box Number is Not Acceptable)				
SUITE 110								
BRADENTO	ON, FL 34210	Ì						
		•	City				Zip Coc	ie
				-				
8. The above I amed 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 yegistered agent.								
and designations yield asserted asserts.								
SIGNATURE 1 1 3/13/03								
SIGNATURE Signature, hypothor primited name of registered agent and tide if applicable. (NOTE: Registered Agent's ignature required when reinstating)  OATE								
FILE NOW: FEE IS \$61:25  9. Election Campaign Financing Trust Fund Contribution.   Added to Fees Florida Department of State.								
10. 📜	OFFICERS AND DI		11.		ADDITIONS/CHANGE	S TO OFFICERS AN	DIRECTORS IN	10
TITLE	PD.	XX Delete	TITLE		President		☐ Change	☐ Addition
NAME - STREET ADDRESS	HOLMES, JANET 5107 2ND AVE DR NW		NAME		as Vorpahl			;
City-st-2P	BRADENTON, FL 34209		STREET ADD	11911	Riverview	Blvd. West		
	XXX		-	Brad	enton, FL	34205-		
TITLE NAME	LAURIE, JOHN C	☐ Delete	TITLE NAME				XIXI Change	Addition
_	4404 14TH AVENUE EAST	•	STREET ADD		ident			
CiTY-ST-2P	BRADENTON, FL 34208		CITY-ST-21	1				į.
_TITLE	D	XIX Celete	trué				Channa	☐ Addition
NAME	MARUCA, MARIA		NAME			* * *	Change	- Addition
STREET ADDRESS	9106 12TH AVENUE N.W.		STREET ADD	r <b>e</b> ss				
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZII	P		•		1
TITLE	CEO	☐ Oelete	TITLE				☐ Change	Addition
NAME	CONUTESON, IVAN		NAME				_ ,	_
STREET ADDRESS	3659 CORTEZ RD W. SUITE 110		STREET ADD	22 <b>3</b> R				
CITY-ST-ZIP	BRADENTON, FL 34210		City-St-2ii	P				
TITLE	מד	Delete	TITLE			-	🗀 Change	☐ Addition
NAME	WEBB, DAVID E		NAME					ļ
STREET ADDRESS	3409 SYLVAN SHADOW ST.		STREET ADD					ĺ
CITY-ST-ZIP	VALRICO, FL 33594		CffY-Sf-Zil	P.				
TITLE	SD	Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS	PARISI, DEBRA		NAME CONCELLOD	o <b>c</b> ce				
STREET ADDRESS	3643 TORREY PINE BLVD SARASOTA, FL 34238		STREET ADD City-St-Zii		MR.	-		
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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report of the section 119.07(3)(iii), Florida Statutes.								

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/13/*03

941-752-2976

Care

Dayline Phone #