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

DOCUMENT # N0000002886

1. Entity Name



FILED Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90967 036 ****61.25

Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Cry & State Cry & State A. FEI Number 59-3646354 Applied Fr. Not Ap	IEKION A										
Sufficiency of State	2609 GREYWALL AVE P.O.		P.O. B0	BOX 112			t				
City & State Country Country Country Exp Exp Exp Exp Exp Exp Exp Ex	2. Principal Place of Business		3. Mai	3. Mailing Address							
City & State City & State City &	Suite, Apt. #, etc.		1				CHECK HERE IF MAKING CHANGES				
Second Country Second Se	City & State		Cit			£	4. FEI Number 59-3646354 Applied For				
TURKEL, ROBERT 2009 GREYWALL AVE OCOEE FL 34761 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing is registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, with and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of Florida. I am familiar with, and accidence of Florida agent, or both, in the State of Florida agent, or both,	Zip	Country	Zip)	Country		5. Certificate of Sta	atus Desired	\$8.75 Add	ditional	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City		6. Name and Address of Current	t Registere	d Agent		, 1	7. Name and Addr	ess of New Regist	<u> </u>		
2609 GREYWALL AVE OCOEE FL 34761 City FL Zip Code FL Zip Change Add Add FR Zip Code FL Zip Change Add FL Zip Code FL Zip Code FL Zip Code FL Zip Change Add FL Zip Code FL Zip Code FL Zip Code FL Zip Change FL Zip Code FL Zip Change FL Zip Code FL Zip Code FL Zip Code FL Zip Code FL					Name		~				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent and life if applicable. SIGNATURE Signature	2609 GREYWALL AVE				Street /	Street Address (P.O. Box Number is Not Acceptable)					
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 accidence of registered agent. The purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent. The purpose of registered agent and the fapplicable. SIGNATURE Description Price	OCOEE F	FL 34761			City				⊏ ∎ Zip Cod	 le	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) Title NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State									r <u>. </u>		
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Added to Fees Round to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME FRENCH, WARREN STREET ADDRESS GITY-ST-ZIP NAME STREET ADDRESS GITY-ST-ZIP S		** *** ***	or the purp	ose of changing its re	egistered office o	r registere	ed agent, or both, in the	he State of Florida.	I am familiar with,	and accept	
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution.			t and title if app	licable. (NOTE: F	Registered Agent signa	ture required	when reinstating)		DATE		
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution.	· . · · · · · · · · · · · · · · · · · ·	a de la companya de l	- 1								
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TITLE NAME TURKEL, ROBERT STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME Street address	SPIRES, KEVEN 934 OLD MOUNTAIN RD		☐ Delete	NAME STREET ADDRESS	8 7	is, Keven Thegra Dr.	28712	Change	☐ Addition	
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	NAME Street address			☐ Delete	NAME STREET ADDRESS				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 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	NAME STREET ADDRESS CITY-ST-ZIP			::*	NAME STREET ADDRESS CITY-ST-ZIP					Addition	

indicated on this report or supplemental report is true and occurate 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 o 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:

407-292-8670