## 2003 NOT-FOR-PROFIT CORPORATION

**FILED** Jun 05, 2003 8:00 am Secretary of State

5/2

## UNIFORM BUSINESS REPORT (UBR)

1. Entity Nar	MENT # NO2000  NAME OF TAGES OWNERS		05-02-2003 9	0107 023 **	**61.25			
2135 RIVER CLIFF DRIVE 2		Mailing Address 2135 RIVER CLIFF ORIVE ROSWELL GA 30075		55046659				
2. Principal I	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			HECK HERE IF MA	KING CHANGES		
City & State		City & State		4 FEI Number Applied For Not Applied For				, .
Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired	ee 75	ditional	-
	6. Name and Address of Current	Registered Agent		7. Name and Addr	ess of New Registe	red Agent		
BLUE, R			Name Street Addres	Name Street Address (P.O. Box Number is Not Acceptable)				-}-
221 MCKENZIE AVE 3 PANAMA CITY FL								1
13.			City	<del></del>		FL Zip Cod	e	7
SIGNATURE Signature, typed or printed name of registered agent and little if ac FILE NOW: FEE IS \$61.25		9. Election Cam	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Florida Department of State			- -
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AN	D DIRECTORS IN	10	7
TITLE MAME STREET ADDRESS CITY-ST-ZIP	PD DODSON, TIMOTHY J 2135 RIVER CLIFF DRIVE ROSWELL GA 30075	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	CR2E037 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DODSON, PAMELA 2135 RIVER CLIFF DRIVE ROSWELL GA 30075	C.) Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	CR2
NAME STREET ADDRESS CITY-ST-ZIP	VD CONNART, DAVID 1234 AIRPORT RD STE 121 DESTIN FL 32451	C Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	}-
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	-
CITY-ST-ZIP			CITY-ST-ZIP	·			<del></del>	1
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 of indicated of the corrections of the	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an actions.	this filing does not qualify for to true and accurate and that makes to execute this report a	the exemption stated in S y signature shall have the spequired by Chapter 6	Section 119.07(3)(i), Flori e same legal effect as if n 17, Florida Statutes; and	da Statutes. I further nade under oath; the that my name appea	certify that the in at I am an officer of ars in Block 10 or	formation or director Block 11 if	