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

Mailing Address

DOCUMENT # N0200007973

1. Entity Name

PIG ON THE POND, INC.

Principal Place of Business



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90135 015 ****61.25

1105 BOWMAN CLERMONT FL				OWMAN ST ONT FL 34711		منسد	f					
2. Principal F	Place of Busir	ness	3. Maili	ng Address								
				G. Managoria								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State				City & State			4. FEi Number Applied For 542079731 Not Applicable					-
Zip Country			Zip	p Country			5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Current		7. Name and Address of New Registered Agent								
		 -			Name							
	E, WADE AND HWY S NT FL 3471			- "-		Street Address (P.O. Box Number is Not Acceptable)						
V 32	,	**************************************			City	<u>-</u> -		 _	FL	Zip Code	e	-
	named entit tions of regist	y submits this statement for ered agent.	or the purpo	se of changing its	registered office o	r registere	ed agent, or both, in	n the State of Flori	ida. I am fa	miliar with,	and accept	
SIGNATURE		or printed name of registered agent	and title if appli	cable. (NOTE:	Registered Agent signa	iture required	when reinstating)		DATE			
FILE 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					
10.		OFFICERS AND DI	RECTORS		11.		DDITIONS/CHANG	SES TO OFFICER	S AND DIR	ECTORS IN	10	_
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CITY-ST-ZIP	<u> </u>				CITY-ST-ZIP	Cle	rmont, FL	34712				
12. I hereby	certify that the	e information supplied with	this filing o	does not qualify for	the exemption sta	ited in Sec	ction 119.07(3)(i), F	lorida Statutes. I f	further certif	y that the in	formation	ł

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. *3*8/8

SIGNATURE:

attachment

90106336 #wn200007973

D Amy Lesner 11308 Summit View Way Clermont, FL 34711