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

DOCUMENT # N20717

1. Entity Name



FILED Jan 23, 2003 8:00 am Secretary of State 01-23-2003 90195 015 ****61.25

LOT 13, I ON, INC.	BLOCK 278, UNIT 13 HOMEO		01-23-2003 90193 0	13	01.23				
Principal Place 5607 GRANAD SEBRING FL		Mailing Address 5607 GRANADA BLVD. SEBRING FL 33872	5607 GRANADA BLVD.						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-2881396 Applied For Not Applicable				}
Zip	Country	Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required				1
<u>.</u>	6. Name and Address of Current R	egistered Agent				ss of New Registered Ag	<u>.</u>		1
				-Name]
	ry, michael Ranada Blyd.			Street Addres	ss (P.O. Box Number is Not	Acceptable)			
SEBRING	G FL 33872						1		
				City		FL	Zip Code]
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistere	d office or regis	stered agent, or both, in the	State of Florida. I am far	miliar with,	and accept	
J	2 / 1 m.	Cate	•			,	•	•	
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicably. (NOTE:	Registered	Agent signature requ	uired when reinstating)	DATE			İ
	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 DIRE	ECTORS	11.		ADDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS IN	10	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCARTY, MICHAEL 5607 GRANADA BLVD. SEBRING FL	□ Delete		l l			Change	☐ Addition	CR2E037 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DONLIVE, CAROLYN 5603 GRANADA BLVD. SEBRING FL 33872	☐ Delete		i			Change	Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERTS, RUTH 5605 GRANADA BLVD. SEBRING FL 33872	☐ Delete		Į.		-	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ŀ		1	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1	I		I	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ı		(Change	Addition	

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 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.