

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90232 050 \*\*\*\*\*61.25

ZIP CODE 00146

☒ CHECK HERE IF MAKING CHANGES

City & State		City & State		4. FEI Number <b>59-2823744</b>		Applied For
						Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GILLILANO, BRIAN 1560 PEDRICK ROAD TALLAHASSEE FL 32304 32317		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL Zip Code	

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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<p><b>FILE NOW: FEE IS \$61.25</b></p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p><b>\$5.00</b> May Be Added to Fees</p>	<p><b>Make Check Payable to Florida Department of State</b></p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Tehan, Judy 20214 PLANTATION FOREST RD TALLAHASSEE FL 32317	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B Bullen, Mickey 1007 GREEN HILL TALLAHASSEE FL 32317	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Blanton, Bob 6484 BROADTREE CT TALLAHASSEE FL 32309-32317	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E Eubanks, Ray 6532 MAN-O-WAR TRAIL Tallahassee, FL 32309	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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.

**SIGNATURE:**

ment with an address, with all other like empowered.

2/11/03 850-878-5503

CR2E037 (10/02)