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

## **DOCUMENT # N28630**

1. Entity Name



## **FILED** May 05, 2003 8:00 am Secretary of State 05-05-2003 90180 018 \*\*\*\*70.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP N', LYON F1. 32570  Change Addition Addition Change C	SPRINGH									
Sublic Apt. 4, otc.  Sublic Apt. 4, otc.  Sublic Apt. 4, etc.  Sublic Apt. 4, etc.  City 6 State  City 7 Name and Address of Desired States Desire	6861 BARNHILL RD MILTON FL 32570		6861 BARNHILL RD MILTON FL 32570			- 1 140 (1464 010	11881 18918 81188 11113 1893 1893	ALANI BUGU TUTAL AN	11k 81911 1 <b>88</b> 1	
City & State  Ci	2. Principal P	Place of Business	3. Mailing Address		_					
Solution   September   Septe	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
Specificate of Status Desired   Status Desired Agent   Status Desi	City & State		City & State		_	4. FEI Number <b>59-2965928</b>				
BARNHILL, HAROLD 6861 BARNHILL RD MILTON FL 32570  City FL Zip Code  City FL Zip Cod	Zip	Country	Zip	Country		5. Certificate of S	Status Desired _ X	\$8.75 Add	ditional	
Street Address (PO. Box Number is Not Acceptable)  Street Address (PO. Box Number is Not Acceptable)  Street Address (PO. Box Number is Not Acceptable)  City  FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered eigent, or registered eigent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of change eigent.   #### City Of Part Addition  #### City Of Part Addit		6. Name and Address of Current I	Registered Agent			7. Name and Ad	Idress of New Registere	d Agent		
B881 BARNHILL RD MILTON R. 32570  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 Florica. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florica. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florica. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florica. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florica. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florica. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florica. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florica. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florica. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florica. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florica. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florica. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florica. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florica. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florica. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florica. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florica. I am familiar with, and acce the obligations of registered agent a	PADAIUILI LIADOLD				Name					
Enter Address STRET AUADRSS ST	6861 BAI	RNHILL RD		Street Address (P.O. Box N			Not Acceptable)			
The obligations of registered agent.  SIGNATURE  Hard Backle  Signature, typed or private name of registered agent and table il expolaceable.  (NOTE Registered Agent signature required when re-instalting)  FILE NOW: FEE IS \$61.25  Signature, typed or privated agent and table il expolaceable.  (NOTE Registered Agent signature required when re-instalting)  TOTAL BACKLERO, MARK  TITLE  AZEVEDO, MARK  STREET ADDRESS  CITY-SI-ZIP  MILTON R1. 32570  TITLE  NAME  SIRRET ADDRESS  CITY-SI-ZIP  MILTON R1. 32570  TITLE  NAME  SIRRET ADDRESS  CITY-SI-ZIP  MILTON R1. 32570  TITLE  D  D  D  D  D  D  D  D  D  D  D  D  D	MILIUN	FL 32570		City			F	L Zip Cod	e	
SIGNATURE    Harred Boundary   Bo			the purpose of changing its reg	istered office or reg	gistere	d agent, or both, in	n the State of Florida. I ar	n familiar with,	and accept	
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Added to Fees Trust Fund Contribution.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME AZEVEDO, MARK AZEVEDO, MARK SIREET ADDRESS CITY-ST-2P  MILTON FL 32570  TITLE NAME SIRRET ADDRESS CITY-ST-2P  MILTON FL 32570  TITLE D MCKETHAN, JUSTIN PO BOX 254 MILTON FL 32570  TITLE D MCKETHAN, JUSTIN PO BOX 254 MILTON FL 32570  TITLE D MCKETHAN, JUSTIN PO BOX 254 MILTON FL 32570  TITLE D MCKETHAN, JUSTIN PO BOX 254 MILTON FL 32570  TITLE D MCKETHAN, JUSTIN PO BOX 254 MILTON FL 32570  TITLE D MCKETHAN, JUSTIN PO BOX 254 MILTON FL 32570  TITLE D MCKETHAN, JUSTIN PO BOX 254 MILTON FL 32570  TITLE D MCKETHAN, JUSTIN PO BOX 254 MILTON FL 32570  TITLE D MCKETHAN, JUSTIN PO BOX 254 MILTON FL 32570  TITLE D MCKETHAN, JUSTIN PO BOX 254 MILTON FL 32570  TITLE D MCKETHAN, JUSTIN PO BOX 254 MILTON FL 32570  TITLE D MCKETHAN, JUSTIN PO BOX 254 MILTON FL 32570  TITLE D MCKETHAN, JUSTIN PO BOX 254 MILTON FL 32570  TITLE D MCKETHAN, JUSTIN PO BOX 254 MILTON FL 32570  TITLE D MCKETHAN, JUSTIN PO BOX 254 MILTON FL 32570  TITLE D MCKETHAN, JUSTIN PO BOX 254 MILTON FL 32570  TITLE D MCKETHAN, JUSTIN PO BOX 254 MILTON FL 32570  TITLE D MCKETHAN, JUSTIN PO BOX 254 MILTON FL 32570  TITLE MAME SIRRET ADDRESS CITY-ST-2P MILTON FL 32570  CHARGE SIRRET ADDRESS CITY-ST-2P MILTON FL 32570  CHARGE SIRRET ADDRESS CITY-ST-2P MILTON FL 32570	Howard Bo 1:07									
Trust Fund Contribution.    Added to Fées   Florida Department of State	SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re-	gistered Agent signature re	equired w	hen reinstating)	DATE	<u> </u>	<u>-</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MILTON FL 32570  TITLE NAME STREET ADDRESS CITY-ST-ZIP MILTON FL 32570  TITLE NAME STREET ADDRESS CITY-ST-ZIP NILTON FL 32570  TITLE NAME	Trust Fund Contribution									
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CITY-ST-ZIP   MILTON FL 32570	NAME STREET ADDRESS	D Strott, allan 4853 east spencer field RD.	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			* નર્જ	☐ Change	Addition	
CITY-ST-ZIP   MILTON FL 32570	NAME STREET ADDRESS	BUSH, JEFF 4127 SCOOTER LANE	Delete	NAME STREET ADDRESS CITY-ST-ZIP	Da 608 m;	NIEL 32 SUN Lton, F	Higgins Ny Ridge D 1. 32570	☐ Change	Addition	
TITLE D Delete TITLE NAME  NAME STREET ADDRESS CITY-ST-ZIP HOLT FL 32564  TITLE D Delete TITLE  NAME  NAME STREET ADDRESS TITLE  PRIDGEN, BOB TREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS	MCKEITHAN, JUSTIN PO BOX 254	Delete	NAME STREET ADDRESS CITY-ST-ZIP	JA Ai n'i	LANTEN LANT	enigen n Rd. 1. 32570	Change	Addition	
NAME PRIDGEN, BOB NAME STREET ADDRESS 7855 MUNSON HWY STREET ADDRESS	NAME STREET ADDRESS	HERREN, GERALD 9281 PLEASANT HOME RD.	☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	Addition	
	NAME STREET ADDRESS	PRIDGEN, BOB 7855 MUNSON HWY	□ Delete	NAME STREET ADDRESS				☐ 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.

SIGNATURE:

4-30-03