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

DOCUMENT # N29398

1. Entity Name

, INC.	S, LUTAL UNDER OF MOUSE	le la	
Principal Place of Business	Mailing Address		
5665 S. ORANGE AVE. ORLANDO FL 32809	5665 S. ORANGE AVE. C/O CHARLES COOPER ORLANDO FL 32809		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		

FILED Sep 10, 2003 8:00 am Secretary of State 09-10-2003 90054 005 ****61.25

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Principal Plac	ce of Business	Mailing Add	ress							
5665 S. ORANGE AVE. DRLANDO FL 32809 C/O CHARLES COOPER ORLANDO FL 32809					r iranical bar hic	118 18188 11118 1818 1811 A1811	Ni Pil Albie Bibli	A18(3.8(8)) (188)		
2. Principal F	Place of Business	3. Mailing Ad	ddress							
Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & State City & State			4 FEI Number #0		0045040		Applied For			
Only to State	on delice					4. FEI Number 59-2915643		— ⊢	Not Applicable	
Zip	Country	Zip		Country	•	5. Certificate of Sta	atus Desired 🔲	\$8.75 A Fee Requ		
	6. Name and Address of Curren	t Registered Age	nt			7. Name and Add	ress of New Registere	d Agent		
LEVIC DO	CONTRACT CERTICES INC			- Name						
	OCUMENT SERVICES INC. V KELLEY ROAD			Street A	Address (P	O. Box Number is N	lot Acceptable)			
TÁLLAHA	ASSEE FL 32301									
				City			F	L Zip Ci	ode	
	e named entity submits this statement to tions of registered agent.	for the purpose of	changing its r	egistered office o	or registere	d agent, or both, in t	the State of Florida. Ta	m familiar wit	n, and accept	
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE:	Registered Agent signa	ature required v	when reinstating)	DATI			
	FILE NOW: FEE IS \$61.25 tember 10, 2003, min will be \$	236.25	Election Cam Trust Fund Co	paign Financing ontribution.	Ц ,	\$5.00 May Be Added to Fees	Make Che Florida Dep		State	
TITLE	G		Delete	TITLE	Gove	coor	23 TO OTTIOLITO AIRD	Change		
NAME	NEUBECKER, DAVID			NAME		sx 294	•			
STREET ADDRESS CITY-ST-ZIP	4915 LOURVE AVE			STREET ADDRESS CITY-ST-ZIP		SENROD, FL	2 2422			
TITLE	ORLANDO FL 32812-1025 PG	 -	Delete	TITLE		Governor	درا پری	Z Chang	e 🔲 Addition	
IAME	JONES, RICHARD	L	T Delete	NAME				KZ cualia	Addition	
TREET ADDRESS	11873 SINDLE SHAM CT		•	STREET ADDRESS		IN WENDER	Cer			
CITY-ST-ZIP	ORLANDO FL 32837-5621					id Neubec Scourve				
				CITY-ST-ZIP	ORLA	NO0 FL 33	1815-1095			
	AD		Delete	CITY-ST-ZIP	ORLA	NOO FL 30	DR 1035	Chang	e 🔲 Addition	
IAME	AD KOTLABA, JAMES		Delete	CITY-ST-ZIP	ADM WILL	NO0 FL 33	0R 65 A	Change	: Addition	
IAME TREET ADDRESS	AD	С	Delete	CITY-ST-ZIP TITLE NAME	ORLA ADM WILL 4721 ORL	NOO FL 33 INISTRAT LIAM CHIS ETHANS G ANDO FLS	1812-10 25 OR ES A GLENN AJE.	_ Chang	: Addition	
IAME ITREET ADDRESS ITY-ST-ZIP	AD KOTLABA, JAMES 1330 GUINEVERE CASSELBERRY FL 32707 T		Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ORLA ADM WILL 4721 ORL TRE	NOO FL 39 INISTRAT LIAM CHIE ETHANS G ANDO FLS ASURER	1812-1025 OR ESA HENN AVE. 32812-	∏⊒ Change		
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SIGNATURE:

9-8-03

401-857 - 2345

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.