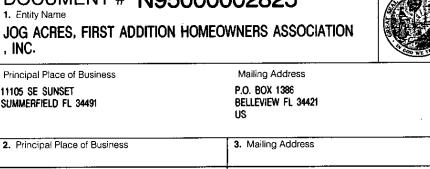
2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002825



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

02-13-2003 90247 010 ****61.25

Principal Plac 11105 SE SUN SUMMERFIELD	SET	Mailing Address P.O. BOX 1386 BELLEVIEW FL 34421 US							
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address					II III 1681	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State	9	City & State			4. FEI Number 59-3377038 Applied For Not Applicable				
Zip	Country	Zip	Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent		Name and the same	7. Name and Addres	s of New Registered A	gent		
SHEPPAR				Name Street Addres	ss (P.O. Box Number is Not	Acceptable)	=		
11105 SE SUNSET HARBOR RD SUMMERFIELD FL 34491							<u></u>		
				City	·	FL.	Zip Cod	e	
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agen	and title if applicable. (Ni	OTE: Registered	I Agent signature requ		DATE			
FILE NOW: FEE IS \$61.25 9. Election Campa Trust Fund Conf					\$5.00 May Be Added to Fees	Make Check Florida Departi			
10.	OFFICERS AND DI		11.		ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPPARD, O.G. 11105 SE SUNSET HARBOR RD SUMMERFIELD FL 34491	☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVIS, KAREN M PO BOX 1386 BELLEVIEW FL 34421	☐ Delete					Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	D SHEPPARD, JAMES A 11105 SE SUNSET HARBOR RD SUMMERFIELD FL 34491	☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OGMMENT IEED TO OTHER	☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied wit	☐ Delete	CITY-	ET ADDRESS ST-ZIP	2000		☐ Change	Addition	

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:

352 288 3846