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

## FILED Jun 20, 2003 8:00 am Secretary of State

DOCU 1. Entity Nam	MENT#N99000 Lis Kitchen C	000674			06-20-2003 90029	022 ****61.25				
<u> </u>	SEIS INTONER C	ine, inc.								
	DO NOT WRITE		<b>XGE</b> .	-						
2. Principal Place of Business 2918 Short St Suite, Apt. #, etc. 3. Mailing Address 2918 Short St Suite, Apt. #, etc.			ort St		DO NOT WRITE IN THIS SPAC	DE				
	sburg, FL	City & State Lesburg	Country	4. FEI Number	59-3560123	Applied For Not Applicable				
2ip Country Zip 34748 USA 3474		34748	,	5. Certificate of Status Desired \$8.75 Additional Fee Required						
					ess of Current Registered Age	ent				
Name SACK Bolderson  Street Address (P.O. Box Number is Not Acceptable)										
	IN THIS SPA		70.12							
		<b></b>	79118 City 1		t St.	Zip Code . —				
			Lees	sburg	<u> </u>	34748				
	named entity submits this statement for t tions of registered agent.	ne purpose or changing its reg	gistered diffice of registeri	ed agent, or both, it	i the state of Pionoa, Fairi familia	ar with, and accept				
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable (NYTE: Persiling)	gistered Agent signature required	when reinstating)	DATE					
				witeriverraleurgy						
	FEE IS \$61.25 Initial or Amended UBR	9. Election Campa Trust Fund Cont		\$5.00 May Be Added to Fees	Nake Check Pa Florida Departme					
10.	OFFICERS AND DIRE	CTORS				3				
TITLE NAME	marvin Darity.	Sv.	TITLE NAME 2 TO 1			(12/0				
STREET ADDRESS CITY-ST-ZIP	2370 W CR 44 Euglis FL 32	721.	STREET ADDRESS			378				
TITLE	11 206		TIME TO THE TAXABLE PROPERTY.			CRZE037B (12/02				
NAME STREET ADDRESS	michael Alexano	ger	NAME STREET ADDRESS			5				
CITY-ST-ZIP	403 South Ave. Eustis, FL 32726		CITY-ST-ZIP.	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)						
TITLE Name	Sec. TODD wardingly		TITLE							
STREET ADDRESS	76301 Stratford Ct.		STREET ADDRESS							
CITY-ST-ZIP	Grand Island, Fl	_ 32735	COTY ST: ZIP, SALE	and the second s						
NAME	Jack Bolderson	~	NAME 12	: IN:	THIS SPACE					
STREET ADDRESS CITY-ST-ZIP	29118 Short S	54748	STREET ADDRESS							
TITLE	Leespourdi		TINE .			eder and stated				
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP.							
TITLE NAME			TITLE NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		i pî jid jidelerin ji t					
	L certify that the information supplied with the	nis filing does not qualify for the	CITY ST: ZP	ction 119.07(3)(i), FI	orida Statutes. I further certify th	nat the information				
12. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.										
SIGNATURE: Mark Botalon 6-17-03 (352) 365-2611  SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Bate Devine Prope #										

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10	NIFORM BUSIN	AHOO	Altachment# 80127028					
DOCU 1. Entity Nam	MENT # N99000	80						
29118 SHORT ST 25		Mailing Address 29118 SHORT ST LEESBURG FL 34748	29118 SHORT ST			·		
2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address				1.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number <b>59-3560123</b> Applied Fo			
Zip Country		Zip	Country			\$8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registers	d Agent	_:	
29118 Sł	SON, JACK HORT ST RG FL 34748		Street Address (P.O. Box Number is Not Acceptable)					
			City		FL Zip Code			
	e named entity submits this statement fitions of registered agent.  **Mark Hollwood**  Stanature, typed or printed name of registered agent.	n/			the State of Florida. La	······································	and accept	
/	,	and the rappicable. (ric	OTE: Registered Agent signature rec	ibited when remistating)	DAI			
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 D	RECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	l 10	
TITLE. NAME STREET ADDRESS CITY-ST-ZIP	VPD ALEXANDER, MICHAEL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Wardingley, Todd 76301; Stratford CT Grand Island FL 32735	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		· var <del>gjalledisse</del> r de var ve ver	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOLDERSON, JACK 29118 SHORT STREET LEESBURG FL 34748	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Additio:	
TITLE NAME STREET ADDRESS CITY -ST-ZIP	PD DARITY, MARVIN K SR 2370 W CR 44 EUSTIS FL 32726	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	· · · · · · · · · · · · · · · · · · ·		☐ Change	Additio	

12. I hereby certify that the information supplied with this filling 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.