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

## DOCUMENT # N99000000959



Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90173 043 \*\*\*\*61.25

	#705 INCORPORATED	:ARI, EAST PASCO C							
Principal Place 40430 SUNBUR DADE CITY FL		Mailing Address 40430 SUNDORST DR DADE CONFL 33525						•	
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2. Principal Place of Business 7143 ASHLAND AVE		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			П	CHECK HERE IF M	AKING CHANGES		
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City & State ZEPHYRHILL S FL		City & State ZEPHYR HILLS FL			4. FEI Number <b>52-2220093</b>		———	oplied For ot Applicable	
Zip_	Country	Zip	Country				\$8.75 Ad		
Zip <b>335</b>	40 PASCO	33540	PASC	0	5. Certificate of Sta	atus Desired [	Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Regis	tered Agent		
	- /		-Name	ROF	BERT DE	EHAVEN			
KRONNÈR, JAMES 40430 SUMBURST DR			Street A	Street Address (P.O. Box Number is Not Acceptable)					
	JRBUHST DH TY\FL 33525			714	3 ASHL	AND AVE	<u> </u>		
DADE CY	11/FL 33323							····	
· (			City	ZEPH	HRHILLS		FL Zip Cod		
8. The above	e named entity submits this statement fo	r the purpose of changing its r	egistered office c	or registere	ed agent, or both, in t	he State of Florida.			
the obliga	tions of registered agent.							}	
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` X \	of trail of	Mer ~ H.						1	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signa	ture required	when reinstating)		DATE		
	Signature, typed or printed name of egistered agent	2 . 4 000	Registered Agent signa	nture required	when reinstating)		DATE		
SIGNATURE	1	and title if applicable. (NOTE:	<del></del> _	<del>_</del>		Make (		to	
SIGNATURE	Signature, typed or printed name of gistered agent  FILE NOW: FEE IS \$61.25	2 . 4 000	paign Financing		\$5.00 May Be Added to Fees		Check Payable		
SIGNATURE	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees	Florida C	Check Payable Department of S	State	
SIGNATURE	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Co	paign Financing ontribution.		\$5.00 May Be	Florida C	Check Payable Department of S	State	
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10. THE NAME STREET ADDRESS	FILE NOW: FEE IS \$61.25  OFFICERS AND DIF  PD  KRONNER, JAMES	9. Election Camparate Fund Control Con	paign Financing ontribution.  11.  TITLE NAME STREET ADDRESS	PD ARTH 3763	\$5.00 May Be Added to Fees	Florida D STO OFFICERS A ARD CE AVE	Check Payable Department of S IND DIRECTORS IN INT Change	State	
SIGNATURE  10.  110.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD KRONNER, JAMES 40430 SUNBURST DR DADE CITY FL 33525	9. Election Camp Trust Fund Co	paign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARTH 3763 ZEP TD	\$5.00 May Be Added to Fees  DDITIONS/CHANGE  OUR DAMS GI BI FLOREM  OHYR HILLS;	Florida D STO OFFICERS A ARD CE AVE FL 3354	Check Payable Pepartment of S	State  10  Addition	
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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

CITY-ST-ZIP

SIGNATURE: