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

**SIGNATURE:** 

## FILED Apr 26, 2004 8:00 am Secretary of State

4/23/04

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 Florida.  SIGNATURE  SIGNATURE  SIGNATURE  FEE IS \$61.25 Initial or Amended UBR  OFFICERS AND DIRECTORS  10.  OFFICERS AND DIRECTORS  11.  TILE  NAME  TO MAY STATE ADDRESS  SIREET ADDRESS  OTV-ST-2P  TITLE  MAME  STREET ADDRESS  OTV-ST-2P  TITLE  MAME  STREET ADDRESS  OTV-ST-2P  TITLE  MAME  STREET ADDRESS  OTV-ST-2P  TITLE  MAME  TO MAY BE  Added to Fees  Make Check Payal  Department of S  ITILE  NAME  STREET ADDRESS  OTV-ST-2P  TITLE  MAME  STREET ADDRESS  OTV-ST-2P  TITLE  MAME  TO MAY BE  ADDRESS  OTV-ST-2P  TITLE  MAME  TO MAY BE  ADDRESS  OTV-ST-2P  TITLE  MAME  TO MAKE ADDRESS  OTV-ST-2P  TO NOT WRITE  IN THIS SPACE  IN THIS SPACE  ITILE  MAME  STREET ADDRESS  OTV-ST-2P  TITLE  MAME  STREET ADDRESS  OTV-ST-2P  TO MAKE  TO MEKA Graham  MAY STREET ADDRESS  OTV-ST-2P  TO MAKE  TO MEKA Graham  MAME  MAME  STREET ADDRESS	ate
DO NOT WRITE IN THIS SPACE  2. Principal Place of Business   1599   Springhollow Rd   1599   Spr	1.23
Sulte, Apt. #, etc.    Sulte, Apt. #, etc.	
Supplemental   Supp	<del></del>
City & State  Montricello , F/  Zip 3244 Sefferson 32344 Sefferson 5. Certificate of Status Desired 5. Fee Ret  Fee Ret  Name  DO NOT WRITE  IN THIS SPACE  City FL Zip  1. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  FEE IS \$51.25  Initial or Amended UBR  P. T. D  Sonngon V. 3  Added to Fees  Make Check Payal  Department of \$1000  INCITE. Registered Apent segnature required when menerality)  DATE  FEE IS \$51.25  Initial or Amended UBR  P. T. D  Sonngon V. 3  Added to Fees  Make Check Payal  Department of \$1000  INCITE. Registered Apent segnature required when menerality)  DATE  TITLE  MAKE  NAME  NAM	
Sand Section   Sand	LAmplied For
DO NOT WRITE IN THIS SPACE    Street Address (P.O. Box Number is Not Acceptable)	Applied For Not Applicable
DO NOT WRITE IN THIS SPACE  City  City  FL  Zip  The above namical entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  SIGNATURE  SIGNAT	
IN THIS SPACE  City FL Zip  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  Signature, typed or printed name or registered agent and title 4 applicable.  FEE IS \$61.25 Initial or Amended UBR  P. T. D  TILE  MAKE  TO hingon V: 3  HO3 Stone House Rd  JOHNSTON HOUSE RADRESS  JOHNSTON HOUSE RD  JOHNSTON HOUSE  JOHNSTON HOUSE RD  JOHNSTON HOUSE  JOHNSTON HOUSE  JOHNSTON HOUSE  JOHNSTON HOUSE  JOHNSTON HOUSE  JOHNSTON HOUSE	
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.    SIGNATURE   Signature, typed or printed name of registered agent and stee if applicable.   (NOTE Registered Agent agentative required when re-instating)   DATE	
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 Florida.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and site if applicable. (INOTE: Registered Agent agnature required when renatating)  DATE  FEE IS \$61.25 Initial or Amended UBR  OFFICERS AND DIRECTORS  IT US  Trust Fund Contribution.  DATE  MAKE  SIREET ADDRESS  OCTY-ST-2P  NAME  NAME  SIREET ADDRESS  OCTY-ST-2P  NAME  NAME  NAME  SIREET ADDRESS  OCTY-ST-2P  NAME  SIREET ADDRESS  OCTY-ST-2P  NAME	
SIGNATURE Signature, typed or printed name of registered agent and site if applicable.  FEE IS \$61.25 Initial or Amended UBR  FOR Department of S  10. OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  11. TITLE  MANE SITEET ADDRESS OCHY-ST-2IP  MANE SITEET ADDRESS OCHY-ST-2IP  MANE SITEET ADDRESS OCHY-ST-2IP  TITLE  MANE  TO MEKA Graham  MASS W YOUAHA WAY CITY-ST-2IP  TITLE  MANE	Code
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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 i 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 off 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 Blod attachment with an address, with all other like empowered.	icer or director