


DOCUMENT # P00000003147

The seal of the State of Florida is located in the top left corner. It is a circular emblem with the text "GREAT SEAL OF THE STATE OF FLORIDA" around the top and "IN GOD WE TRUST" around the bottom. The central image depicts a woman standing on a rock, holding a torch aloft in her right hand and a scroll in her left. A ship is visible on the water in the background.

05-01-2003 90370 014 \*\*\*150.00

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Principal Place of Business 9201 SUMMIT CENTRE WAY #11202 ORLANDO FL 32810		Mailing Address 9201 SUMMIT CENTRE WAY #11202 ORLANDO FL 32810			
2. Principal Place of Business 2729 Maitland Crossing Way Suite, Apt. #, etc. #1301 City & State ORLANDO FL Zip 32810 Country USA		3. Mailing Address 2729 MAITLAND CROSSING WAY Suite, Apt. #, etc. #1301 City & State ORLANDO FL Zip 32810 Country USA		4. FEI Number 59-3626567 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent ELSON, BRYON 9201 SUMMIT CENTRE WAY #11202 ORLANDO FL 32810			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2729 MAITLAND CROSSING WAY #1301 City ORLANDO FL Zip Code 32810		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ELSON, BRYON 9201 SUMMIT CENTRE WAY, #11202 ORLANDO FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ELSON, BRYON 2729 MAITLAND CROSSING WAY, #1301 ORLANDO FL 32810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC LUDVIGSON, EVELYN M 777 W LANCASTER RD E63 ORLANDO FL 32809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ECKERT, DIANE 19 PETERS RD HOPEWELL JUNCTION NY 12533 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELSON, BRADLEY 2729 MAITLAND CROSSING WAY, #1301 ORLANDO FL 32810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 607, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VP 4/27/03 1-888-398-5338					