## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 05, 2003 8:00 am Secretary of State

1. Entity Nam	MENT <b># P00000014</b> Fing, Inc.	388				05-05-2003	3 90241 (	017 ***1	50.00
Principal Place of Business Mailing Address 4410 PLUMOSA STREET 4410 PLUMOSA STREET SPRING HILL, FL 34607-2400 SPRING HILL, FL 34607-2									
Principal Place of Business     3. Mailing Address					<del> </del>				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			7	CHECK HERE	F MAKING	CHANGES	
City & Stak	•	City & State			4. F	El Number		<del></del>	oplied For of Applicable
Zip	Country	Zip	Countr	ry ————		Certificate of Status Desired		\$8.75 Ad Fee Require	ditional rd
MCCAUSLA	~ 6. Name and Address of Curren	t Registered Agent		Name	7. N	ame and Address of New R	egistered /	lgent	
4410 PLUMOSA STREET SPRING HILL, FL 34607-2400				Street Address		ox Number is Not Acceptable	)		
				City			FL	Zip Coo	le
B. The above	named entity submits this statement ions of registered agent.	for the purpose of changing it	ts registere	d office or registe	ered age	ent, or both, in the State of Fic		familiar with	and accept
	Glew McC  Signatural typical or primad name of automated agen	ausland				041	30-0.	<u> </u>	
	Signature typed or primed name of expressed ages ILE NOWITH FEE:IS \$160,000	nt and title if applicable. (NO	OTE: Roys med	Agent Signature require	oj vitan je	nstatiny)	DATE		
After	May 1, 2003 Fee will be \$560 to Payable to Florida Department	of State				Election Campaign Fir Trust Fund Contribution			O May Be d to Fees
10.	OFFICERS ANI	D DIRECTORS	11. 10LE		ADI	DITIONS/CHANGES TO OFF	CERS AND	DIRECTOR  Change	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	BLACK, DUNCAN A.R. 6605 AUGUSTA NATIONAL DR AUSTIN, TX 78746		NAME STREE	T ADDRESS ST-21P				□ பனக	_ Addus.
TITLE NAME STREET ADDRESS CITY-ST-ZP	D RAD, CHRIS 12342-B FM 620 AUSTIN, TX 78750	☐ Delete	TIFLE NAME STREE					☐ Change	☐ Addition
TIBLE NAME STREET ADDRESS CITY-ST-ZP	D MCCAUSLAND, GLEN 4410 PLUMOSA STREET SPRING HILL, FL 34607	Delete	TITLE NAME STREE		. *-	· · · · · · · ·	<u></u> -	Change	☐ Addition
TITLE HAME STREET ADDRESS CITY-ST-ZP		☐ Delete	1		<del> </del>			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ Delete	1	,				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ Delete	TITLE NAME STREE					Change	Addition .
Indicated of the cor	pertify that the information supplied who on this report or supplemental report poration or the receiver or trustee emport or on an attachment with an address	is true and accurate and that powered to execute this report	t my signat. et as require	nption stated in S ure shall have the ed by Chapter 60	ection 1 same k 07, Florid	egal effect as if made under o da Statutes; and that my nam	oath; that I s e appears i	tify that the I im an office in Block 10 o	nformation or director r Block 11 if
SIGNAT	URE: SOMATHER AND TYPED OF	NC CEUS IAW	d on mercero	<u> </u>		04-30-	03	mylima Phone #	