2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P00000015215 DOCUMENT

1. Entity Name



Apr 07, 2003 8:00 am \$ Secretary of State **FILED**

Suite, Apt. #, etc. CHECK HERE! IF MAKING CHANGES City & State Cty & State A. FEI Number S9-3625537 Not Applicable Zip Country 755 Country S. Certificate of Satus Desired \$8.75 Additional Fee Repositional Fee Repos	BM VEN	IURES, INC.				
Sure, Apt 4, etc. GHECK HERE IF MAKING CHANGES Zip Country Zip Country Sure Application Sure Ap	21029 NW 55	AVE	21029 NW 55 AVE			HIDD THE HED HIDD TO BE
City & State City & State City & State City & State Country Country Country Country S. Certificate of Status Desired S. R. F5 Additional Fire Registered Agent T. Name and Address of New Registered Agent Name Name Name Name Name Name Name Name Steed Address of New Registered Agent The Additions (F.O. Box Number is Nex Acceptable) City FL Zip Code City FL Zip	2. Principal Place of Business		3. Mailing Address		- 	#
Zip Country Zib Country S. Certificate of Status Desired St. 75 Additional Fee Required St. Certificate of Status Desired St. 75 Additional Fee Required St. Certificate of Status Desired St. 75 Additional Fee Required St. Certificate of Status Desired St. Certificate of Status Desired St. 75 Additional Fee Required St. Certificate of Status Desired St. Certificate S	Suite, Apt. #, etc.		Suite, Apt. #, etc.		□ CHECK HERE IF MAKING	CHANGES
Section Sect	City & State	-	City & State	***	4. FEI Number 59-3625537	
WALTER, BARBARA 2 10/29 NW 55 A/E LAWTEY FL 32058 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators or registered agent, or both, in the State of Florida. I am familiar with and accept the obligators have greated agent. SIGNATORIAL STATE STA	Žip	Country	Zip	Country		\$8.75 Additional
WALTER, BARBARA 21029 NN 55 A/E LAWTEY FL 32058 City FL Zip Code City FL Zip Code City FL Zip Code 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 obligators of registered agent and title it exercises. SIGNATT Registered agent. FILE NOW!!! FEE IS 5150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIFFECTORS 11. MAKE AUGUST NO 5511 A/E 21029 NN 5511 A/E 21029 NN 5511 A/E 311. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS 11. WALTER, BARBARA 21029 NN 5511 A/E 311. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS 11. WALTER SARBARA 21029 NN 5511 A/E 311. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS 11. WALTER SARBARA 21029 NN 5511 A/E 311. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS 11. WALTER SARBARA 21029 NN 5511 A/E 311. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS 11. WALTER SARBARA 21029 NN 5511 A/E 311. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS 11. WALTER SARBARA 21029 NN 5511 A/E 311. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS 11. Change Addition 311. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS 11. WALTER SARBARA 311. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS 11. Change Addition 311. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS 11. Change Addition 311. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS 11. Change Addition 311. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS 11. WALTER SARBARA 311. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS 11. Change Addition 311. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS 11. Change Addition 311. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS 11. Change Addition 311. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS 11. Change Addition 311. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS 11. Change Addition 312. ADDITIONS CHANGES TO OFFICERS AND DIFFECTORS 11. Change Addition 313. ADDITIONS CHANGES TO OFFICERS AND DIFFECTORS 11. Change Addition No. ADDITION		6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered A	gent
21029 NW 55 AVE LAWTEY FL 32058 City FL Zip Code 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 similar with, and accept the obligations of registered agent. SIGNATOR State Application of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME SIRECT ADDRESS CITY-S1-ZP LAWTEY FL 32068 LOY STATE Delete THE NAME SIRECT ADDRESS CITY-S1-ZP CITY-S1-ZP Delete THE NAME SIRECT ADDRESS CITY-S1-ZP Delete THE NAME SIRECT ADDRESS CITY-S1-ZP CITY-S1-ZP Delete THE NAME SIRECT ADDRESS CITY-S1-ZP Delete THE NAME SIRECT ADDRESS CITY-S1-ZP CITY-S1-ZP Delete THE NAME SIRECT ADDRESS CITY-S1-ZP CITY-S1-ZP Delete THE NAME SIRECT ADDRESS CITY-S1-ZP CITY-S1-ZP CITY-S1-ZP CITY-S1-ZP Delete THE NAME SIRECT ADDRESS CITY-S1-ZP Delete THE NAME SIRECT ADDRESS CITY-S1-ZP CITY-S1-ZP Delete THE NAME SIRECT ADDRESS CITY-S1-ZP CIT				Name		
R. This 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 orbigations of registered agent. ### SIGNATIFECT STATE				Street Address ((P.O. Box Number is Not Acceptable)	
S. 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 SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003						
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		ertify that the information supplied wi	th this filing does not qualify for		ection 119.07(3)(i). Florida Statutes. I further cer	tify 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.

