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

## DOCUMENT # P00000021214

Signature, typed or printed name of registered agent and title if applicable

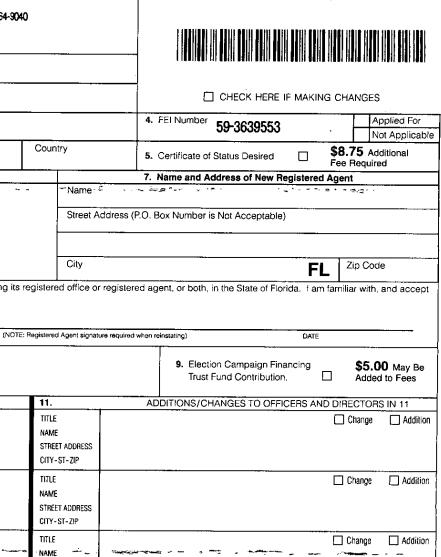
FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

MOBILE HOME P		01-3						
Principal Place of Business 8402 HENRY GEORGE ROAD PLANT CITY FL 33566  2. Principal Place of Business Suite, Apt. #, etc. City & State		Mailing Address P.O. BOX TT PLANT CITY FL 33564-9040						
		3. Mailing Address  Suite, Apt. #, etc.  City & State						
					Country	Zip	Country	5. Certificate of Status I
					6. Name and Address of Current Registered Agent			7. Name and Address
COTON, DANIEL M 121 N. COLLINS ST. PLANT CITY FL 33566			Street Address (P.O. Box Number is Not Ac					
	Country  Name and Address of Cu  M ST.	E ROAD P.O. BOX TT PLANT CITY FL 3356  Business 3. Mailing Address Suite, Apt. #, etc. City & State  Country Zip  Name and Address of Current Registered Agent  M ST.	Business  E ROAD  P.O. BOX TT PLANT CITY FL 33564-9040  Business  3. Mailing Address Suite, Apt. #, etc.  City & State  Country  Zip  Country  Name and Address of Current Registered Agent  Name ST.  Street Address  Street Address					

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90144 001 \*\*\*150.00



Make Check Payable to Florida Department of State							
10.	OFFICERS AND DIRECTOR	RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD COTON, DANIEL 121 N COLLINS STREET PLANT CITY FL 33566	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	

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 of 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 feceiver 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

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/03

C/3-752-6/33 Daytime Phone # CR2E034 (10/02)