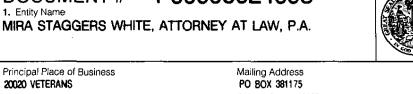
FILED Apr 14, 2003 8:00 am Secretary of State

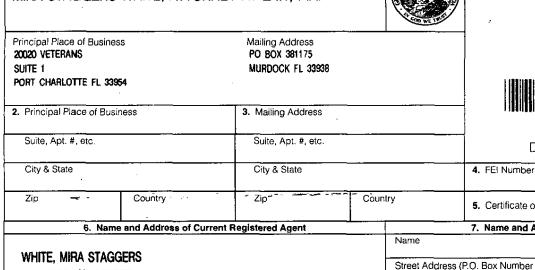
04-14-2003 90942 036 ***150.00

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

DOCU	JME	NT	#
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☐ CHECK HERE IF MAKING CHANGES

65-1084701

and Address of New R	egistere	d Agent
cate of Status Desired		\$8.75 Additional Fee Required
		Not Applicab

	Name
WHITE, MIRA STAGGERS 4210 LIBRARY STREET	
	Street Address (P.O. Box Number is Not Acceptab
PORT CHARLOTTE FL 33948	
	City

8	. The above named en	tity submits this	s statement for the purpo	se of changing its register	ed office or registered agent,	or both, in the State of Florida.	I am familiar with, and accept
	the obligations of regi	istered agent.			•		
	1	1 1 1					•

(NOTE: Registered Agent signature required when reinstating)

SIGNATURE

 NICHIEL	CCC IC 6450 00	
NOWILL	FEE IS \$150.00	
 	- 111	

nted name of registered agent and title if applicable

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

Applied For

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS	PD Delete WHITE, MIRA STAGGERS 4210 LIBRARY STREET	TITLE NAME STREET ADORESS	☐ Change ☐ Addition
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	→CITY-ST-ZIP	graph to the Commercial Control of the Control of t
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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
TITLE NAME STREET ADORESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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:

Date

Daytime Phone #

CR2E034 (10/02)