

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90113 021 \*\*\*150.00

The seal of the State of Florida is circular. It features a central scene with a palm tree, a ship, and a person. The text "GREAT SEAL OF THE STATE OF FLORIDA" is inscribed around the top, and "IN GOD WE TRUST" is at the bottom.

Mailing Address  
10804 LUSCOMBE CT.  
NEW PORT RICHEY FL 34654

### 3. Mailing Address

Suite, Apt. #, etc.City & StateZinCountry

59-3640747

### 5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**7. Name and Address of New Registered Agent**

CARPER, C. STEPHEN  
10804 LUSCOMBE CT.  
NEW PORT RICHEY FL 34654

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

CityFLZip 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 obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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. ☐ **\$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
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TITLE	P	<input type="checkbox"/> Delete
NAME	CARPER, STEPHEN C	
STREET ADDRESS	10804 LUSCOMBE CT	
CITY - ST - ZIP	NEW PORT RICHEY FL 34654	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CARPER, STEPHEN C	
STREET ADDRESS	10804 LUSCOMBE CT	
CITY - ST - ZIP	NEW PORT RICHEY FL 34654	

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY, ST, ZIP			

TITLE	
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		

TITLE	
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY, ST, ZIP	

CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	

TITLE	
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY, ST, ZIP	

CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	

CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	

CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	

CITY-ST-ZIP	
TITLE	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_