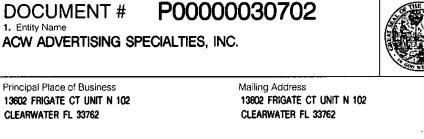
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT



FILED Mar 21, 2003 8:00 am Secretary of State

03-21-2003 90094 015 ***150.00

	·									
Principal Place of Business 13602 FRIGATE CT UNIT N 102 CLEARWATER FL 33762		Mailing Address 13602 FRIGATE CT UNIT N 102 CLEARWATER FL 33762			·		20027767			
2. Principal P	lace of Business	3. Mailing Address				1				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State				4.	FEI Number NOT APPLICABLE	<u> </u>	pplied For ot Applicable	
Zip	Zip Country			ry	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of Current R	egistere	ed Agent		Name ====	7. 1	Name and Address of New Registered A	gent		
ANKWIZ, WALTER J 13602 FRIGATE CT UNIT N 102					Street Address (P.O. Box Number is Not Acceptable)					
CLEARWA	TER FL 33762			-	City		FL	Zip Cod	e	
	named entity submits this statement for ions of registered agent.	the purp	ose of changing its reg	gistere	d office or registe	ered ag	gent, or both, in the State of Florida. I am f	<u>l</u> amiliar with,	and accept	
SIGNATURE .										
SIGNATORE .	Signature, typed or printed name of registered agent ar	d title if app	olicable. (NOTE: Re	egistered	Agent signature require	ed when re	reinstating) DATE			
	ILE NOW!!! FEE IS \$150.00								_	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of S							Trust Fund Contribution.	\$5.0 Added	May Be I to Fees	
10.	OFFICERS AND D	IRECTO	RS	11.		AD	DDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANKWIZ, CYNTHIA L 13602 FRIGATE CT UNIT N 102 CLEARWATER FL 33762		☐ Delete		TADDRESS ST-ZIP 🔐			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANKWIZ, WALTER J 13602 FRIGATE CT UNIT N 102 CLEARWATER FL 33762		□ Delete	TITLE NAME STREE				☐ Change	Addition	
TITLE	ST KOLBRICK, DEBBIE 12112 MEADOWBROOK LN LARGO FL 33774		Delate			-		Change_	Addition_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP	·		☐ Change	Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-1	T ADDRESS			Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREE CITY-S	T ADDRESS			☐ Change	☐ Addition	

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:

122-571-3064