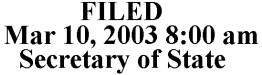
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P00000032399



HUTCHINGS MANAGEMENT CORP.							03-10-2003 90165 026 ***150.00				
Principal Place of Business 16805 ROCKWELL HEIGHTS LANE CLERMONT FL 34711			Mailing Address 16805 ROCKWELL HEIGHTS LANE CLERMONT FL 34711								
2. Principa	al Place of Bus	iness	3. Mailing Address		,,,						
Suite, Apt. #, etc. City & State			Suite, Apt. #, etc.			_					
						. A FC	CHECK HERE IF MAKING CHANGES 4. FEI Number FO OCCOORT				
Zip		Country	Zip				- Number	59-3653327	7		Applied For Not Applicable
<u> </u>	C Name	1		Cour	ntry 	5. Ce	rtificate of S	Status Desired		\$8.75 A	Additional ired
	b. Name	e and Address of Current R	egistered Agent	<u> </u>	Nine	7. Na	me and Ad	dress of New I	Registere		
MOSKO	WITZ, JOSEI	PH .			Name					-	
16823 R	OCKWELL H	IEIGHTS LANE		Street Address			Number is	Not Acceptable	e)		
CLERMO	ONT FL 3471	1 .		•	,						
					City				F	■ Zip Co	ode
8. The abov	e named entit	y submits this statement for t ered agent.	he purpose of changing l	its registere	ed office or regi	stered agent	or both, in	the State of Ele	r Stide Lee		
4.		ered agent.		_	3	and any one	, 0, 000,, 11	the state of the	Jilda. Tar	namiliar witi	n, and accept
SIGNATURE	Signature, typed	or printed name of registered agent and	Little if population (No.	OTE: Design		_					
		! FEE IS \$150.00	(NC	DTE: Hegistered	Agent signature requ	uired when reinsta	ating)		DATE		
- Afte	er May 1, 200	3 Fee will be \$550.00 Florida Pepartment of S	itate				9. Election Trust Fu	Campaign Fin	nancing n.	. 7\$	00 May Be
10.		OFFICERS AND DI		11.	<u> </u>	ADDIT					
TITLE NAME	PD		☐ Delete	TITLE		ADDIT	IONS/CHA	NGES TO OFFI	ICERS AN	D DIRECTOR Change	RS IN 11
STREET ADDRESS	16805 RO	GS, marian CKWELL Heights Lane	ANE		NAME					onlings	L_ Addition
CITY-ST-ZIP	CLERMON	T FL 34711			T ADDRESS ST-ZIP						
TITLE	SD		☐ Delete	TITLE				- , , ,		☐ Change	F7 4 220 .
NAME STREET ADDRESS	HUTCHING	is, gerald Ckwell-height-lane		NAME						Change	Addition
CITY-ST-ZIP	CLERMON	T FL 34711		STREET CITY-S	FADDRESS	Terri,	. د موسد.				
TITLE			☐ Delete	TITLE							
name Street address				NAME						☐ Change	Addition
CITY-ST-ZIP				STREET CITY-S	ADDRESS T-7IP						
TITLE	,		☐ Delete	TITLE							
TREET ADDRESS				NAME						☐ Change	☐ Addition
CITY-ST-ZIP				STREET CITY-ST	ADDRESS						
ITLE			☐ Delete	TITLE	1-217						
ame Treét address			Done	NAME		•				☐ Change	☐ Addition
ITY-ST-ZIP	1				ADDRESS 700		٠				
TLE			☐ Delete	CITY-ST	-ZIP						
AME			in page	NAME	}					☐ Change	☐ Addition
TREET ADDRESS TY-ST-ZIP				STREET A	I						(
				CITY-ST	- ZIP						

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MORE PORTAGE HUTCHINGS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 February 2003

352-242-0460