

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90830 046 ***150.00

DOCUMENT # P00000037399 1. Entity Name FLORIDA BY CHOICE, INC.			
Principal Place of Business 7801 W. IRLO BRONSON MEM. HWY. SUITE E KISSIMMEE, FL 34747		Mailing Address 7801 W. IRLO BRONSON MEM. HWY. SUITE E KISSIMMEE, FL 34747	
2. Principal Place of Business 2960 VINELAND ROAD SUITE D KISSIMMEE, FL 34746 USA		3. Mailing Address 2960 VINELAND ROAD SUITE D KISSIMMEE, FL 34746 USA	
4. FEI Number 59-3641378		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANDIS, BETTY A 7801 W. IRLO BRONSON MEM. HWY. SUITE E KISSIMMEE, FL 34747		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2960 VINELAND ROAD, SUITE D KISSIMMEE FL 34746	
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: <u>Betty A. Landis</u> BETTY A. LANDIS <u>4/29/03</u> (NOTE: Registered Agent signature required when registering)			
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PRES LANDIS, BETTY A 7801 W. IRLO BRONSON MEM. HWY., STE. E KISSIMMEE, FL 34747	☐ Delete	☒ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 2960 VINELAND ROAD, SUITE D KISSIMMEE, FL 34746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP V.PR LANDIS, WILLIAM R 7801 W. IRLO BRONSON MEM. HWY., STE. E KISSIMMEE, FL 34747	☐ Delete	☒ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 2960 VINELAND ROAD, SUITE D KISSIMMEE, FL 34746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	☐ 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 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: <u>Betty A. Landis</u> BETTY A. LANDIS <u>4/29/03</u> <u>407-589-8423</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/02)