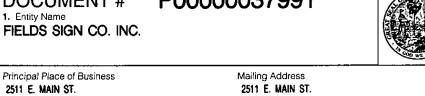
## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT#**

P00000037991





01-17-2003 90144 026 \*\*\*150.00

					_						
Principal Place of Business 2511 E. MAIN ST. LAKELAND FL 33801			2511	Mailing Address 2511 E. MAIN ST. LAKELAND FL 33801							
2. Principal Place of Business				3. Mailing Address					[  <b>                     </b>		(0)8) [ 8    <b> 8 </b>
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State				City & State				FEI Number <b>59-3642148</b>			oplied For ot Applicable
Zip	Country Zip				Coun	itry	5.	Certificate of Status Desired		\$8.75 Add ee Require	
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
i .						Name: Supplied the Name of the					
MAYER, CHARLES R				Street A			dress (P.O. Box Number is Not Acceptable)				
2511 E. N											
LAKELAN	D FL 33801					ļ					
						City			FL Zip Code		
	named entit ions of regist	•	or the purp	oose of changing its	registere	ed office or re	egistered ag	gent, or both, in the State of Flo	rida. I am fa	amiliar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agen	t and title if app	olicable. (NOTE	: Registere	d Agent signature	required when re	einstating)	DATE		· · · · · ·
After	May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o						Election Campaign Fin.     Trust Fund Contribution			May Be I to Fees
10. OFFICERS AND DIRECTORS					11.		AC	DDITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 1:1
TITLE NAME STREET ADORESS CITY-ST-ZIP	2511 E. N	DAVID ROSS MAIN ST. D FL 33801		□ Delete	1					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1407 COI	ANNY ROSS //BEE LN. D FL 33801		□ Delete				-11-11-11-11-11-11-11-11-11-11-11-11-11		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5835 BAR	CHARLES R TOW RD. SOUTH D FL 33813	-	□ Delete		ſ		<u> </u>		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		- 1		,		Change .	Addition .
TITLE Name Street address City-St-Zip				□ Delete					•	Change	Addition
TITLE NAME Street address City-St-Zip				☐ Delete						Change	Addition
12 Charabus	ortifu that th	- i-fti	h thia fili		Alam access		:- D	110 07(2)(i) Florido Ptotutos I	foresta a a a a a a a a a a a a a a a a a a	for the state of the	formation

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: \_

AGUARIFIAL OLDAVEDR. Fields

863-665-4950