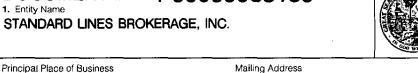
FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90168 032 ***150.00

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

P00000038189 DOCUMENT #





8201 WEST MCNAB ROAD 8201 WEST MCNAB ROAD TAMARAC FL 33321 TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. TO CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1000465 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KEYES, ZACHARY H Street Address (P.O. Box Number is Not Acceptable) 8201 W MCNAB ROAD TAMARAC FL 33321 City Zip 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE KEYES, ZACHARY H NAME NAME STREET ADDRESS 8201 WEST MCNAB ROAD STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME KEYES, TREVOR A NAME STREET ADDRESS 8201 WEST MCNAB ROAD STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Maddition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Change TITLE Addition: ☐ Delete -= TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(1), 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

SIGNATURE: