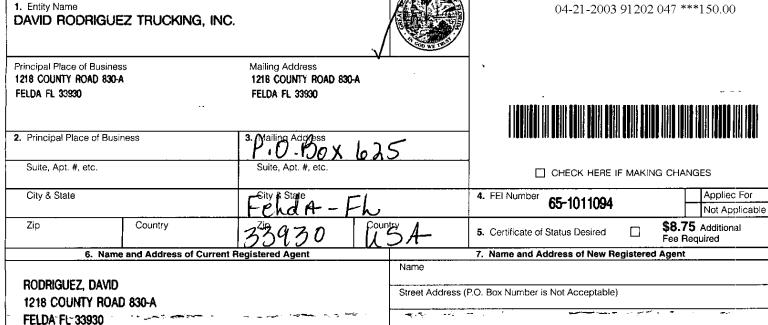
## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

the obligations of registered agent.

P00000039973



04-21-2003 91202 047 \*\*\*150.00

**FILED** 

Apr 21, 2003 8:00 am E Secretary of State

Zip Code

SIGNATURE  **Agnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State	i			Election Campaign Financi     Trust Fund Contribution.	ng 🔲		<b>0</b> May Be to Fees
10.	OFFICERS AND DIRECTO	RS	11.	ADDI	TIONS/CHANGES TO OFFICER	S AND DI	RECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, DAVID 1218 COUNTY ROAD 830-A FELDA FL 33930	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
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TITLE		☐ Delete	TITLE				Change	Addition

City

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

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.

NAME

TITI F

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Daytime Phone #

Change

☐ Addition