## FILED 2003 FOR PROFIT CORPORATION Feb 12, 2003 8:00 am } Secretary of State UNIFORM BUSINESS REPORT (UBR

P00000040256

DOCUMENT #

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

ORLANDO FL 32807

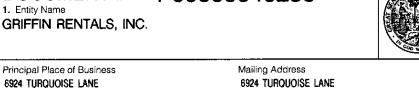
3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

ORLANDO FL 32807





☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 59-3637514 Not Applicable

02-12-2003 90131 033 \*\*\*150.00

6. Name and Address of Current Registered Agent **GRIFFIN, GEORGE L** 6924 TURQUOISE LANE

**ORLANDO FL 32807** 

7. Name and Address of New Registered Agent							
Name	•						
Street Address (P.O. Box Number is	Not Acceptable)						

Trust Fund Contribution.

5. Certificate of Status Desired

8. The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.

Country

**SIGNATURE** 

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable.

Country

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

- DATE

\$5.00 May Be Added to Fees

\$8.75 Additional

Fee Required

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND	IANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, GEORGE L 6924 TURQUOISE LANE ORLANDO FL 32807	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, BETH 6924 TURQUOISE LANE ORLANDO FL 32807	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY*ST*ZIP		□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition .	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	-	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 attachm

SIGNATURE: