2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000043323

FILED May 05, 2003 8:00 am Secretary of State

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Zip Country Zip Country Sign Co	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			 	CHECK HERE	IF MAKING	HANGES		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KARP, BRUCE 229 OVERBROOK DR CASSELBERRY FL 32707-4344 City City FL Zip Code City	City & State	0	ŧ	City & State			1 50=36/4/4/02					
Name	Zip Country		Country	Zip	Coun	ntry	5. Ce	rtificate of Status Desired				
Sirest Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Current	Registered Agent			7. Na	me and Address of New Ro	agistered Ag	ent		J
232 OVERBROOK DR CASSELBERRY FL 32707-4344 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the submitted agent, or both, in the State of Florida. I am familiar with, and accept the submitted agent, or both, in the State of Florida. I am familiar with, and accept the submitted						Name		<u> </u>	·			7
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Sympton family Sympton Sym												
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	CITY-ST-ZIP	ertify that the	information supplied with t	his filing does not qualify for	спу-	ST-ZIP	ction 119	.07(3)(i), Florida Statutes 11	urther certifu	that the in	nlormation	- }

2. 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

IGNATURE REQUIRED

4-8-03

467-402-2066

Daysime Phone #