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



FILED
Mar 14, 2003 8:00 am
Secretary of State

1. Entity Nar	0044894			03-14-2003 90050 050 ***150.00				
•	ice of Business NSON ST., STE, 500 EL 32801	Mailing Address 200 E ROBINSON ST., STI ORLANDO FL 32801	E. 500		-	11 <b>81811 8182</b> 1 ( <b>8</b> 11	<b>n</b> (61)) <b>n</b> (6) ( <b>n</b> a)	
28 E0 Suite, Apt		3. Mailing Address  Suite, Apt. #, etc.	shingto	n St.	CHECK HERE IF MAKIN			
Or au	- 1 <del>4-</del> 1	City & State	FL		4. FEI Number 59-3643606	No	pplied For ot Applicable	
	1801	2801	Country		5. Certificate of Status Desired	\$8.75 Add Fee Require		
·	6. Name and Address of Current R	egistered Agent	Name	<u> </u>	7. Name and Address of New Registered	Agent		
STONER, GREGORY W				Stoner, Gregory W				
200 E ROBINSON ST., STE. 500 Street Address (P.O. Box Number is Not Acceptable)								
ORLAND	O FL 32801		2	8 E.	Washington St.			
			City	Or	-lando FI	Zip Cod	e 801	
8. The above the obligat	named entity submits this statement for it	the purpose of changing its re	egistered office o	r registere	ed agent, or both, in the State of Florida. I am	familiar with,	and accept	
SIGNATURE	Signature, typed or priped name of replaced agent the	d title if a cable. (NOTE: F	Registered Agent signal	ture required v	when reinstating)	3	<del></del>	
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State					9. Election Campaign Financing Trust Fund Contribution.		<b>0</b> May Be I to Fees	
10.	OPFICERS AND D		11.	16	ADDITIONS/CHANGES TO OFFICERS AN		S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STONER, GREGORY W 200 E ROBINSON ST., STE. 500 ORLANDO FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stor 28 t	er, Gregory W. Washington St. Lando, FL 32801	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUCKWORTH, BRIAN F 200 E ROBINSON ST., STE. 500 ORLANDO FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		worth Brian F. Washington St.	<b>☑</b> Change	☐ Addition	
TITLE NAME STREET ADDRESS. CITY-ST-ZIP	-	. Delete	TITLE NAME STREET ADDRESS		(WRE) PE SENOT	Change	Addition	
TITLE		□ Delete	CITY-ST-ZIP	<u> </u>		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-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	
· i lielebà ce	erary man me information supplied with thi	is tiling does not qualify for the	e exemption state	ed in Secti	ion 119.07(3)(i), Florida Statutes, I further cer	tifu that the int	formation	

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: