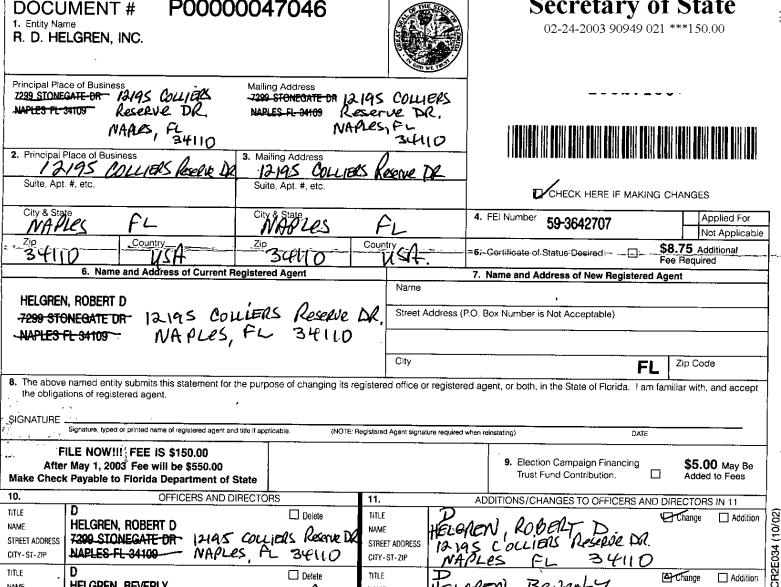
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P00000047046



FILED Feb 24, 2003 8:00 am Secretary of State



| 10. | OFFICERS AND DIRECTORS | | |
|---------------------------------------|--|--|---|
| | | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| NAME STREET ADDRESS CITY-ST-ZIP | HELGREN, ROBERT D 7299_STONEGATE-DR 1219/5 COLLIERS REServe DX NAPLES FL 34100 NAPLES, PL 34100 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | HELGREN, ROBELT D. 12-195 COLLIENS RESERVE DO. NAPLES FL 3410 |
| NAME STREET ADDRESS CHY-ST-ZIP | D Delete HELGREN, BEVERLY 7299-STONEGATE DR.— 12195 COLLIERS REARIEDE NAPLES FL 34100 NAPLES, FL 31910 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | HELGREN, BEVERLY Change Addition 12-19-5 COLLIERS RESERVE DR. NARLES FL 34110 |
| 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 |
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| TITLE NAME STREET ADDRESS | ☐ Delete | TITLE NAME STREET ADDRESS | . 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 attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

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