FILED Feb 25, 2003 8:00 am Secretary of State

02-25-2003 90128 028 ***150.00

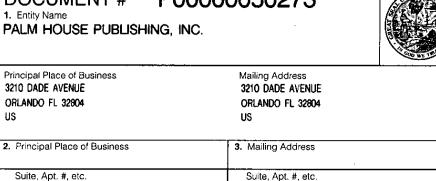
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P00000050273

City & State

Zip



City & State

☐ CHECK HERE IF MAKING CHA	NGES
FEI Number 59-3650768	Applied For
39 3030700	Not Applicable
	'5 Additional lequired

DATE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent		
JONES, RONNIE J 2021 WATER KEY DR WINDERMERE FL 34786	Name .		
	Street Address (P.O. Box Number is Not Acceptable)		
	City FL Zip Code		

Country

4.

5.

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 familia	ar with, and acc	cep
	the obligations of registered agent.			

(NOTE: Registered Agent signature required when reinstating)

3	FILE NOWILL	FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00
-	TILL NOTTIN	1 22 10 9130.00
	After May 1, 2003	3 Fee will be \$550.00
Maka	Chack Bayabla to	Elasida Danastmant of Ctata

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

9.	Election Campaign Financing
	Trust Fund Contribution.

\$5.00 May Be Added to Fees

	<u> </u>			i		
10. OFFICERS AND DIRECTORS			11 . A	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, RONNIE J 2021 WATER KEY DR WINDERMERE FL 34786	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, MARYJO T 2021 WATER KEY DR WINDERMERE FL 34786	☐ 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 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
TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ 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 receive 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 attachmen

SIGNATURE: