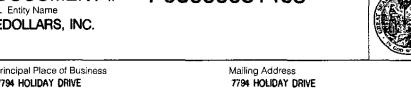
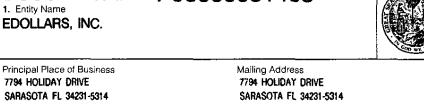
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P00000051408 DOCUMENT





FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90486 040 ***150.00

Principal Plac 7794 HOLIDA SARASOTA F	=	7794	Mailing Address 7794 HOŁIDAY DRIVE SARASOTA FL 34231-5314									
2. Principal F	Place of Business	3. Mai	3. Mailing Address				-					
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State		City & State			4.	FEI Number 65-1028228				opliec For ot Applicable		
Zip Country		Zip		Count	ry	5. Certificate of Status Desired			S8.75 Additional Fee Required			
	6. Name and Address of Currer	nt Registere	ed Agent			7.	Name and Addre	ss of New Re	gistered Ag	jent		
BOHACK, WILLIAM C 7794 HOLIDAY DRIVE					Name Street Address (P.O. Box Number is Not Acceptable)							
SARASOTA FL 34231-5314					City					T Zin Cod		
					City				FL	Zip Cod	e .	
	named entity submits this statement ions of registered agent.	for the purp	pose of changing its	registere	d office or r	egistered a	gent, or both, in th	e State of Flori	da. I am fai	miliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if and	Microbia (NOTS	E: Pagietorod	Acent signature	required when	rainetation		DATE			
	Signature, typed or printed filane of registered age	int and title ii apt	I (NOTE	E: Registered	Agent signature	a tadriteo wilen	Tentstating)		, DAIE	_		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department							Dampaign Fina d Contribution.	~ —		May Be to Fees	
10.	OFFICERS AN	D DIRECTO	PRS	11.		А	DDITIONS/CHAN	GES TO OFFIC	ERS AND D	DIRECTOR	S IN 11	
TITLE Name Street address City-St-Zip	D BOHACK, WILLIAM C 7794 HOLIDAY DRIVE SARASOTA FL 34231-5314		☐ Delete						1	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEKKER, LOIS M 7794 HOLIDAY DRIVE SARASOTA FL 34231-5314		. Delete						Í	Change	☐ Addition	
TITLE Name Street address City-St-Zip			□ Delete		J.				Į	Change	Addition	
TITLE NAME Street Address City-St-Zip			☐ Delete						[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete					_	[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						[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 supplied the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of 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: