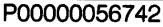
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT





Mar 20, 2003 8:00 am & Secretary of State **FILED**

J&S TAN	^{me} INING, IN	C.					03-20-2003 90135 03	1 ***150	.00	
Principal Place of Business 3535 SE MARICAMP RD. SUITE 1004 OCALA FL 34471			3535	Mailing Address 3535 SE MARICAMP RD. SUITE 1004 OCALA FL 34471				 } 	#1610 1181 1881	
2. Principal I	Place of Busin	ness	3. Ma	3. Mailing Address						
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City	/ & State	<u>, </u>	4. F	4. FEI Number 59-3649766 Applied For Not Applied			
Zip		Country			- Country	5. (Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name	and Address of Cu	rrent Register	ed Agent		7. ١	Name and Address of New Registered	gent		
MUSLEH, 3535 SE I OCALA FI	RD, SUITE 1004			Name Street Addr	Street Address (P.O. Box Number is Not Acceptable)					
					City		FL	Zip Cod	le	
8. The above the obliga • SIGNATURE	itions of regist	y submits this statemered agent. or printed name of registered			registered office or reg		ent, or both, in the State of Florida. ! am	amiliar with,	and accept	
72	- 9	- F	agon and mon app	1	. Hegistarea Agent signature re	equiled when te	DATE			
Afte	er May 1, 200	! FEE IS \$150.00 33 Fee will be \$550 Florida Departme	0.00				9. Election Campaign Financing Trust Fund Contribution. C		0 May Be	
10.			AND DIRECTO		1 44					
TITLE	D	OFFICENS	AND DIRECTO		11.	AU	DITIONS/CHANGES TO OFFICERS AND			
NAME STREET ADDRESS CITY-ST-ZIP	MUSLEH,	IARICAMP RD, SU	TE 1004	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		JAY A IARICAMP RD, SU 34471		b □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP:	e e e e e e e e e e e e e e e e e e e		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		- 1. A. J. L. L.	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			\ <u>-</u>	☐ 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	ertify that the	information supplied	with this files	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	in Coasian	10.07(0)(i) Flash 0:	Change	Addition	

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 true see 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: