2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P00000065400

DOCUMENT #

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So Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent DUZAN, CHRISTOPHER W 18158 BARUCH DRIVE FT. MYERS Ft. 33912 City City FL. Zip Code City FL. Zip Code S. The above named entity submits this statement for the purpose of changing as registered agent, or both, in the State of Fordida. I sur familiar with, and accept the orbigations of registered agent, or both, in the State of Fordida. I sur familiar with, and accept the orbigations of registered agent, or both, in the State of Fordida. I sur familiar with, and accept the orbigations of registered agent, or both, in the State of Fordida. I sur familiar with, and accept the orbigations of registered agent, or both, in the State of Fordida. I sur familiar with, and accept the orbigations of registered agent, or both, in the State of Fordida. I sur familiar with, and accept the orbigations of registered agent, or both, in the State of Fordida. I sur familiar with, and accept the orbigations of registered agent, or both, in the State of Fordida. I sur familiar with, and accept the orbigations of registered agent, or both, in the State of Fordida. I sur familiar with, and accept the orbigations of registered agent, or both, in the State of Fordida. I sur familiar with, and accept the orbigations of registered agent, or both, in the State of Fordida. I sur familiar with, and accept the orbigation of registered agent, or both, in the State of Fordida. I sur familiar with, and accept the orbigation of registered agent, or both in the State of Fordida. I sur familiar with, and accept the orbigation of registered agent, or both, in the State of Fordida. I sur familiar with, and accept the orbigation of registered agent. SIGNATURES SIGNATURES SIGNATURES SIGNATURES PL. ADDITIONS/CHANGES TO OFF-CERS AND DIRECTORS II TILE NAME SIRRE ADDITIONS/CHANGES TO OFF-CERS AND DIRECTORS II TILE NAME SIRRE ADDITIONS/CHANGES TO OFF-CERS AND DIRECTORS II TILE NAME SIRRE ADDITIONS/CHANGES TO OFF-CERS AND DIRECTORS II TILE NAM	City & State				City & State			4. F	D7-11/2// 1				
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #