## **2003 FOR PROFIT CORPORATION**

C-BAS OF ORANGE COUNTY, INC    C-BAS OF ORANGE COUNTY, INC   C-BAS OF ORANGE COUNTY, INC   C-BAS OF ORANGE COUNTY, INC   C-BAS OF ORANGE COUNTY, INC   C-BAS OF ORANGE COUNTY, INC   C-BAS OF ORANGE COUNTY, INC   C-BAS OF ORANGE COUNTY   C-BAS OF C	UN	IFURM BUSINE	33 KEPUK	ועט	BK)	Apr 24, 2005	, 0.00	am	
118 S CALHOUN ARE #8   118 \$ CALHOUN ARE #8   EATONILLE FL 32751	1. Entity Name					Secretary of State 04-24-2003 90202 022 ***150.00			
Suite, Apt. F, etc.  City & State  City & St	118 S CALHOUN AVE #B		118 S CALHOUN AVE #B			- <b>1113 4</b> 14 <b>0</b> (4 <b>1</b> 14) <b>1</b>			
City & State    City & State   City & State   City & State	2. Principal Place of Business		3. Mailing Address			T TO BOTTON HE BRITE BOTH BRITE BRITE BRITE BOTH BOTH BOTH BOTH ABOUT BUTT BUTT BUTT BUTT BUTT BUTT BUTT			
Zip Country Zip Country S. Certificate of Status Desired S.75 Additional Fee Required  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  19 OHNSON, CARMEN  118 S CALHOUN AVE #B  EATOWILLE FL 32751  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent ag	Suite, Apt. #, etc.								
S. Certificials of Sallas Departed  S. Certificials of Sallas Departed  Fee Required  Fee Required  Fee Required  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above-named entity submits this statement for the purpose of changing its registered agent, or both, in the Salate of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Salate of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Salate of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Salate of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Salate of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Salate of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Salate of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Salate of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Salate of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Salate of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Salate of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Salate of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Salate of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Salate of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Salate of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Salate of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Salate of Florida. I am familiar with, and accept the obligations o					4. FEI Number 59-3647735	<del></del>			
Name	Zip			Country		3. Certificate of Status Desired	Fee Required		
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  6. 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 familiar with, and accept the obligations of registered agent, by both in the State of Florida. I am familiar with, and accept the obligations of registered agent, by both in the State of Florida. I am familiar with, and accept the obligations of registered agent and this registered agent and this registered Agent signature required agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and this registered Agent signature required agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  FILE NOW!!! FEE Is \$150.00 After May 1, 2003 Fee will be \$550.00 Make Cycek Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO CYFICERS AND DIRECTORS IN 11  ITHE  Delete  ITHE  MAKE  STREET ADDRESS  CITY-51-2P  TITLE  Delete  TITLE  DELETE ADDRESS  CITY-51-2P  TITLE  DELETE ADDRESS  CITY-51-2P  TITLE  DELETE ADDRESS  CITY-51-2P  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  DELETE ADDRESS  CITY-51-2P  TITLE  DELETE ADDRESS  CITY-51-2P  TITLE  Delete  DELETE ADDRESS  CITY-51-2P  TITLE  DELETE ADDRESS  CITY-51-2P  TITLE  DELETE ADDRESS  CITY-51-2P  TITLE  DELETE ADDRESS  CITY-51-2P  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  DELETE ADDRESS  CITY-51-2P  TITLE  DELETE ADDRESS  CITY-51-2P  TITLE  DELETE ADDRESS  CITY-51-2P  TITLE  DELETE ADDRESS  CITY-51-2P  TITLE  DELETE ADDRESS  CITY-51-		6. Name and Address of Current F	legistered Agent	<del></del>		7. Name and Address of New Registered	Agent		
Steel Audress (F.O. Box Nutriber is No. Audrephalps)    City					Name	and the second s	· <u> </u>		
City   FL   Zip Code					Street Address (F	Address (P.O. Box Number is Not Acceptable)			
B. 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 familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the state of Florida in the state of Florida. I am familiar with, and accept the state of Florida in the state of Florida	EATONVIL	LE FL 32751		-	Dity	FI	Zip Code	·	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Cyeck Payable to Florida Department of State  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS CITY-ST-2P  Addition Addition ANDE STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  Addition ADDITIONS/CHANGES ND DIRECTORS IN 11  TITLE NAME STREET ADDRESS CITY-ST-2P  Addition ADDITIONS/CHANGES ND DIRECTORS IN 11  ADDITIONS/CHANGES ND	the obligations of registered agent:  SIGNATURE								
TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP	FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00  9. Election Campaign Financing \$5.00 M Trust Fund Contribution Added to F						to Fees		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP	10.		DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	IN 11	
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	NAME STREET ADDRESS		□ Delete	NAME STREET AI			Change	Addition	

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.

**SIGNATURE:**