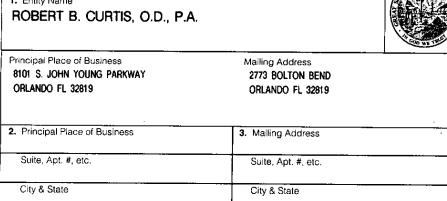
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P00000092053

1. Entity Name



FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90329 009 \*\*\*150.00

Suite, Apt. #, etc.    City & State   Country   St. Certificate of Status Des	red S8.7 Fee Fee Registered Agent	ANGES Applie Not Ap 75 Addition Required t	d For
Suite, Apt. #, etc.    CHECK	ERE IF MAKING CHA	ANGES Applie Not Ap 75 Addition Required t	d For
City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Des  6. Name and Address of Current Registered Agent  Name  CURTIS, ROBERT B  2773 BOLTON BEND  ORLANDO FL 32817  City  8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State the obligations of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  FLE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check-Payable to Florida Department of State  10.  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	i027  red	Applie Not Ap 75 Addition Required t	plicable
Zip Country Zip Country 5. Certificate of Status Des  6. Name and Address of Current Registered Agent 7. Name and Address of Post Name  CURTIS, ROBERT B 2773 BOLTON BEND ORLANDO FL 32817  City  8. The above named entity submits that statement for the purpose of changing its registered office or registered agent, or both, in the State the obligations of registered agent.  SIGNATURE Signature, Syped or primed name(of registered agent and 1916 if applicable. (NOTE: Registered Agent signature required when reinstating)  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check-Payable to Florida Department of State  10.	red S8.7 Fee Fee Registered Agent	Not Ap 75 Addition Required t	plicable
S. Certificate of Status Des  6. Name and Address of Current Registered Agent  7. Name and Address of P.O. Box Number is Not Access	Fee Few Registered Agent	75 Addition Required t	
CURTIS, ROBERT B 2773 BOLTON BEND ORLANDO FL 32817  8. The above named entity submits that statement for the purpose of changing its registered office or registered agent, or both, in the State the obligations of registered agent and title if applicable.  SIGNATURE Storature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.  FOR DEFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	fable)	Zip Code	
CURTIS, ROBERT B 2773 BOLTON BEND ORLANDO FL 32817  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State the obligations of registered agent and title if applicable.  Signature: Sphature, typed or printed name of registered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check-Payable to Florida Department of State  10.	FL Z	•	
Street Address (P.O. Box Number is Not Access and Directors and Director	FL Z	•	
ORLANDO FL 32817  City  8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State the obligations of registered agent.  SIGNATURE Signature, typed or printed namyof registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	FL		<del></del>
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)    File NoW!!!   FEE IS \$150.00   9. Election Campaign Trust Fund Control			accept
After May 1, 2003 Fee will be \$550.00  Make Check-Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO THE NAME.  CURTIS, ROBERT B O.D.  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME NAME NAME NAME NAME NAME NAME NA	DATE	<del></del>	
TITLE NAME  CURTIS, ROBERT B O.D.  STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME		<b>\$5.00</b> M Added to F	ay Be ees
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TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statu		· –	Addition

12. 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: