2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

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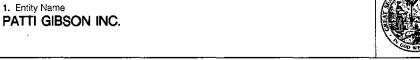
Mailing Address 1698 SE LORRAINE STREET

PT ST LUCIE FL 34952

Principal Place of Business

1698 SE LORRAINE STREET

PT ST LUCIE FL 34952





FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90365 007 ***150.00

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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				
						,
City & State		City & State		4. FEI Number 65-1046348	4. FEI Number 65-1046348 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Address of New Registered Agent		
چىلىد چى يەرچىدىچىن رايانى وقىلىكىد ئالەركى ئالىرى د			Name	Name Name		
GIBSON, PATTI			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
1698 SE LORRAINE STREET			Street Address (F.O. Box Number is Not Acceptable)			
PT ST LU	CIE FL 34952					
			City	FL	Zip Code	
8. The above	named entity submits this statement f	or the purpose of changing i	ts registered office or regis	stered agent, or both, in the State of Florida. I am	familiar with, and accept	
	tions of registered agent.		•		,	
SIGNATURE		•				
SIGNATORIC	Signature, typed or printed name of registered agen	t and title if applicable. (NO	OTE: Registered Agent signature requ	uired when reinstating) DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	of State		9. Election Campaign Financing Trust Fund Contribution. [\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11	
TITLE	PST	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	GIBSON, PATRICIA A		NAME		·	
STREET ADDRESS	1698 SE LORRAINE ST		STREET ADDRESS			
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952		CITY-ST-ZIP		·	
TITLE		Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS		٠	
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change Addition	
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STREET ADDRESS			STREET ADDRESS			
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VAME			NAME		• –	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
ITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	l		CITY-ST-ZIP			

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 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: