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

	003 FOR PROF			Amended
1. Entity Nan		0101445		FILED 03 DEC -8 AM 9: 17
600 W. AMELIA ST. 36		Mailing Address 341 SPRUCEWOOD RD LAKE MARY FL 32746		O3 DEC STATE  SECRETARY OF STATE  TALLAHASSEE, FLORIDA
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & Sta	de de	City & State		4. FEI Number 59-3680278 Applied For Not Applicable
	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		-7. Name and Address of New Registered Agent
MCNEILL, BOOKER T  - 341-SPRUCEWOOD-RD-  Ve ma R MeNeill  Street Address (P.D. Box Number is Not Acceptable)  Prucewood Rd.				
LAKE MARY FL 32/46 34 Sprucewood Rd. Lake Many				
	LK	nary, Fl		Lake Mary FL 232244
8. 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.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE				
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State				9. Efection Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCNEILL, BOOKER T 341 SPRUCEWOOD RD. LAKE MARY FL 32746	<b>∀</b> Oelete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	□ Change □ Addition 500025311975 12/03/0301014004 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCNEILL, VELMA R 341 SPRUCEWOOD RD. LAKE MARY FL 32746	□ 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
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

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:**