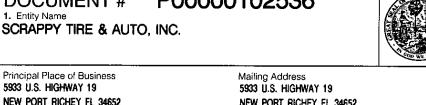
FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90087 019 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

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NEW PORT R	IICHEY FL 34652		NEW PORT RICHEY FL 34652							
2. Principal F	Place of Business	3. Ma	3. Mailing Address				(HIIO HIIO DHIOD	NAME OF THE STATE OF	
Suite, Apt	. #, etc.	Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Sta	te	City	City & State			FEI Number 59-3690200 Applied For Not Applicable				
Zip <u>•</u>	Country	Zip		Country	5	. Certificate of Status Desire	:d 🗆	\$8.75 Add Fee Require	ditional ed	
=	6. Name and Address of Cu	rrent Register	ed:Agent		·7	Name and Address of Ne	w Registered A	gent		
•				Nan	Name					
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE			Street Addres			ss (P.O. Box Number is Not Acceptable)				
CORAL GABLES FL 33134						, - 10-100				
				City			FL	Zip Cod		
	e named entity submits this statem tions of registered agent.			registered offic	e or registered	agent, or both, in the State of	Florida. I am fa	amiliar with,	and accept	
	Signature, typed or printed name of registered	d agent and title if app	olicable. (NOTE:	Registered Agent a	ignature required whe	n reinstating)	DATE			
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$55 k Payable to Florida Departme	0.00				9. Election Campaign Trust Fund Contribu			May Be	
10.	OFFICERS	AND DIRECTO	RS	11.		ADDITIONS/CHANGES TO C	OFFICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KINCADE, NANCY 5933 U.S. HIGHWAY 19 NEW PORT RICHEY FL 3465	52	□ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	, ,			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ess			☐ Change	Addition	
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TITLE		•	☐ Delete	TITLE				☐ 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

727-842-881