FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

U	NIFORM BUSINE	Jan 15, 2003 8:00 am				
DOC 1. Entity N	UMENT # PO100	0002279			Secretary 01-15-2003 90314	
2900 - 14TI SUITE 3A NAPLES FL	Place of Business H STREET N. 34103	Mailing Address 2900 - 14TH STREET N SUITE 3A NAPLES FL 34103				008362
100P	Brush Lane	P.O. Box Suite, Apt. #, etc.	990279 FL	1	CHECK HERE IF MAKI	
	ples PL	City & State	1116-60	262	4. FEI Number 65-1076369	Applied For
341	Country	Zip	Country		5. Certificate of Status Desired	Not Applicable \$8.75 Additional
*	6. Name and Address of Current R	egistered Agent	-		7. Name and Address of New Registere	Fee Required
	IOAN R USH LANE FL 34112	e i en	Name		O. Box Number is Not Acceptable)	o Agent
8. The abov	e raimed entity submits this statement for t	he purpose of changing its	City	or registere	d agent, or both, in the State of Florida. I ar	Zip Code
SIGNATURE	Signature, typed or printed name of registered agent and		E: Registered Agent sign:			
Afte Make Chec	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of S				Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND DI		11,		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	MORA, JOAN R 2900 - 14TH STREET N., SUITE 3A NAPLES FL 34103	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	ST JUAREZ, CYNTHIA A 2900 - 14TH STREET N., SUITE 3A NAPLES FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME			☐ 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 changed, or on an attachment with ad address, with all other like empowered. **URED**

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NTED NAME OF STORING OFFICER OR DIRECTOR