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

## FILED Jun 23, 2003 8:00 am Secretary of State

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DOCU 1. Entity Nan ACCOUN	ne	# PO10		<b>)3238</b> / s, INC.	(L)				05-02-200			
Principal Place of Business 3285 TARPON WOODS BLVD. PALM HARBOR FL 34685			3285	, Mailing Address 3285 TARPON WOODS BLVD. PALM HARBOR FL 34685					,	J	V4334	
2. Principal Place of Business			3. Ma	3. Mailing Address								
Sulte, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	& State		4. FEI Number			APPLIED			opplied For lot Applicable
Zìp		Country	Zip		Coun	try	5. (	Certificate of	Status Desired		\$8.75 Ac Fee Requir	ditional
	6. Name	and Address of Curre	ent Register	ed Agent			7. N	lame and Ad	dress of New	Registers	d Agent	
				-		. Name						
3285 TAF	RPON WOO			•		Street Address (		ox Number is	s Not Acceptab	lē)		
PALMINA	NRBOR FL 3	14000)	-			City				F	Zip Coo	de
8. The above the obligat	named entity	y submits this statement tered agent.	t for the purp	ose of changing its	registere	ed office or reg	istered age	ent, or both, i	n the State of F	iorida. I ar	n familiar with	, and accept
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SIGNATURE .	Sent and beneat			North Morre	Oral							·
SIGNATURE .	Signature, typed	or printed name of registered ag	ent and title it app	olicable. (NOTE	: Registere	d Agent signature re	quired when re	instating)		DATE		
F	Signature, typed ILE NOW!! If May 1, 200	or printed name of registered ap II FEE IS \$150.00 03 Fee will be \$550.0 or Florida Department	)O	olcatie. (NOTE	: Registered	d Agent signature re	quired when re	9. Election	on Campaign F Fund Contribut	inancing	\$5.0	OO May Be
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12. I hereby certify that the information supplied with this Illing 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 807, 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:

SIGNATURE AND TYPES OR PRINTED NAME OF SKINING OFFICER OR BURECTOR

B Caytime Phone #

Ott Cach ment 5504

## Accounting Plus Financial Services, Inc.

3285 Tarpon Woods Boulevard Palm Harbor, FL 34685 Telephone (727) 787-0087 Fax (727) 787-5905

June 12, 2003

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302

Ref Number:

P01000003238

**Dear Sir or Madam:** 

I received the enclosed letter requesting my Federal Employer Identification Number.

My EFIN is 02-0641925.

Please accept the enclosure and make the necessary changes.

Thank you.

Zed M. Turner, Jr.

President