## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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## **FILED** Jan 30, 2004 8:00 am Secretary of State 01-30-2004 90067 030 \*\*\*211.25

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Signature   Sign	City & State North Fort Myers					4. FE	65-1083179				
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IN THIS SPACE  6330 PGA Drive  City North Fort Myers  FL Zip Code 33917  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 obbligations of registered agent.  SIGNATURE  Signature For the purpose of registered agent and registered agent.  SIGNATURE  January 1: May 1 Fee 1s \$150,00  Anended URR is \$61.25  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  THE NAME SIRET ADDRESS OTY-SI-ZP  THE SIZE ADDRESS OTY-SI-ZP  THE	DO NOT WRITE				Kendall, Paula S.						
City North Fort Myers FL 33917  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATUR	64	and the second of the second o		Street Address (P.O. Box Number is Not Acceptable)							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obtignations of registered agent.  SIGNATURE  Signature, fixed prison wind of rigitized agent and its of sociolatis.  January 1- May 1 Fee is \$550.00  After May 1, Fee is \$550.00  After May 1, Fee is \$550.00  Amended URB is \$81.25  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  CITY-ST-2P  THE  NAME  STREET ADDRESS  CITY-ST-2P  STREET ADDRESS  CITY-ST-2P  THE  NAME  STREET ADDRESS  CITY-ST-2P  STREET ADDRESS  ST		IN THIS SE	PACE	6330 PGA [			Orive				
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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 on an	indicated	on this report or supplemental report i	s true and accurate and t	ify for the exem	nption stated in ure shall have t	he same le	egal effect as if made unde	er oath: that I am	an offic	cer or director	

attachment with an address, with all other like empowered

1/27/04