

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

DOCUMENT # P01000004268				FILED 03 SEP-19 AM 11:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 1811 ENGLEWOOD ROAD		3. Mailing Address		REINSTATEMENT <u>02-03</u> DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc. # 268		Suite, Apt. #, etc.			
City & State ENGLEWOOD FL		City & State			
Zip 34223	Country USA	Zip	Country	4. FEI Number 38-3668328	
5. Certificate of Status Desired <input checked="" type="checkbox"/> REINSTATEMENT				Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent				\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE				Name Arthur W Joseph	
				Street Address (P.O. Box Number is Not Acceptable) 925 Park Place Drive	
				City ENGLEWOOD	
				State FL	
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.				Zip Code 34223	
SIGNATURE (NOTE: Registered Agent signature required when reinstating)					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARTHUR W JOSEPH 925 PARK PLACE DR ENGLEWOOD FL 34223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST DARLENE M. JOSEPH 925 PARK PLACE DR ENGLEWOOD FL 34223		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeremiah B. JOSEPH 925 PARK PLACE DRIVE ENGLEWOOD FL 34223		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 attachment with an address, with all other like empowered.					
SIGNATURE: 81ST 9/4/03 941-698-1722 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CRZE034B (12/02)