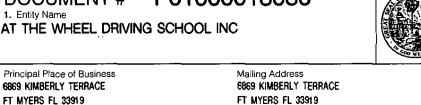
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000018030 **DOCUMENT #**



FILED Apr 03, 2003 8:00 am Secretary of State

04-03-2003 90130 020 ***158.75



2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			no-1102no.1		Applied For	
Zip	Country	Zip	Country	5	5. Certificate of Status Desired	\$8.75 Ac	dditional	
	6. Name and Address of Curren	t Registered Agent		7	. Name and Address of New Regist	ered Agent		
				Name:				
WHEELER, RUSSELL B			Stu	Street Address (P.O. Box Number is Not Acceptable)				
6869 KIME	BERLY TERRACE	7	Stroot Address (1.5					
FT MYERS	S FL 33919		ľ					
	• •	-	Ci	у		FL Zip Co	de	
	e named entity submits this statement t	for the purpose of changing	its registered off	ice or registered	agent, or both, in the State of Florida.	I am familiar with	n, and accept	
Ĭ	· .	•						
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable.	NOTE: Registered Agen	t signature required whe	en reinstating)	DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department				Election Campaign Financir Trust Fund Contribution.		00 May Be ed to Fees	
					ADDITIONAL OF THE OFFICE DE	CAND DIDECTO	50 IN 44	
10.	OFFICERS ANI		11.		ADDITIONS/CHANGES TO OFFICER		i	
TITLE NAME	WHEELER, RUSSELL B	☐ Delete	TITLE NAME			☐ Change	Addition	
	6869 KIMBERLY TERRACE	Rodriga (1995)	STREET ADD	RESS				
CITY-ST-ZIP	FT MYERS FL 33919		CITY-ST-ZI	1				
TITLE	D	Delete	TITLE			☐ Change	Addition	
NAME	SHAFFER, JAMIE A		NAME			- ·	_	
STREET ADDRESS	6869 KIMBERLY TERRACE		STREET ADD	ress				
CITY-ST-ZIP	FT MYERS FL 33919		CITY-ST-ZI	,				
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME	-		NAME	·	- · ·			
STREET ADDRESS			STREET ADD	RESS				
CITY-ST-ZIP			CITY-ST-ZI	1			*****	
TITLE		☐ Delete	TITLE)		Change	☐ Addition	
NAME			NAME				i	
STREET ADDRESS			STREET ADD	RESS				
CITY-ST-ZIP			CITY-ST-ZI	,				
TITLE	}	Delete	TITLE			Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADD					
CITY-ST-ZIP			CITY-ST-ZII					
TITLE		Delete	TITLE	,		Change	Addition Addition	
NAME			NAME					
STREET ADDRESS			STREET ADD					
CITY-ST-ZIP			CITY-ST-ZII					
13 Thoroby	acress, that the information arrealist it.	Alm Almin (111)			- 440 p=(0)() Fig. 14- 0, 1 () ()			

thereby 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.

SIGNATURE: 👱

SIGNATURE RECEIVED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR