UN DOCU 1. Entity Nam				FILED Jul 07, 2003 8:00 am Secretary of State 07-07-2003 90137 008 ***150.00
190 N. WEST	e of Business MORE DR., SUITE 100 SPRINGS FL 32714	Mailing Address 190 N. WESTMORE DR ALTAMONTE SPRINGS F	1	
2. Principal P	Place of Business	3. Mailing Address	<u>_</u>	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>	
City & Stat	e	City & State	<u> </u>	4. FEI Number 59-3703570 Applied For
Zip	Country	Zip	Country	S. Certificate of Status Desired  S. Ce
	6. Name and Address of Curren	t Begistered Agent	] <u> </u>	7. Name and Address of New Registered Agent
		· · · · · · · · · · · · · · · · · · ·	Name	
190 N. W	L, Marilyn Estmore Dr., Suite 100 Ite Springs fl 32714		Street Addres	ss (P.O. Box Number is Not Acceptable)
2			City	FL Zip Code
		for the purpose of changing its	s registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
	ions of registered agent.			
	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	E: Registered Agent signature requ	uired when reinstating) DATE
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$75 < Payable to Florida Department			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS ANI		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT CAMPBELL, MARILYN 190 N. WESTMORE DR., SUITE ALTAMONTE SPRINGS FL 327		TITLE NAME STREET ADDRESS CITY: ST-ZIP	Change Addition
TITLE NAME STREET ADORESS CITY - ST - ZIP	S Connor, Kathleen 190 N. Westmore Dr., Suite Altamonte Springs FL 327	Delete -	TITLE NAME STREET ADDRESS	Change 🗌 Addition 🕃
TITLE	D	Delete		Change Addition
NAME STREET ADDRESS CITY - ST - ZIP	HERNQUIST, EDITH 190 N. WESTMORE DR., SUITE ALTAMONTE SPRINGS FL 327	100	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADORESS 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
of the cor changed,	or on an attachment with an address	powered to execute this report	as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if $\frac{2}{3}$
SIGNAT		PRINTED NAME OF SIGNING OFFICER		Date Daytime Phone #

	ATT	achment
	Affect <b>Central Property Manag</b> 190 North Westmonte Drive, Suite 100 Altamonte Springs, FL 32714	ement 90140693 P01000028830
	·	
	July 3, 2003	
	Division of Corporations P.O. Box 1500 Tallahassee, FI 32302-1500	
	Re: filing fee	
- • • •	To Whom It May Concern:	an a
÷	Upon receiving the UBF report on July 1 <sup>st</sup> I e in filing fee from \$150 last year to \$550 this y the fee was due by May 1 <sup>st</sup> and the additionan number she referred me to, I was instructed explanation that would be reviewed.	year. Gina emailed me in return stating the al charge was a penalty. Upon calling the to pay the \$150 and submit a letter of
	I did not receive the original filing form that we problems with our mail earlier this year in the elsewhere or returned to us. Possibly the fili consideration for the removal of the penalty. for three years and last year the fee was pair	at some of our mail was being delivered ng form was part of this mishap. I reque This corporation has only been operation
	Thank you for your consideration.	
: X	Sincerely, Sa Mallandi	· · · · · · · · · · · · · · · · · · ·
	Lisa Mallardi Bookkeeping Dept. Enc.	