FILED Apr 07, 2003 8:00 am Secretary of State

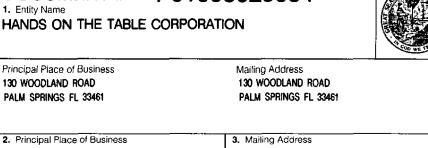
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I JORGANNA DE MAINE BERN MAIN MONT ANTICONNE INCOMPRES DE LA CONTRACTOR DE

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000029054



2. Principal P	Place of Business	3. Mailing Address						INCHESTA MANA	Pilit Ciat (96)	
Suite, Apt. #, etc.		Suiter Apt ##; etc?			<u> </u>	CHECK HERE IF MAKING CHANGES				
City & Stat	te	City & State			4. FEI N	4. FEI Number 94-3391787			oplied For	-
Zip	Country	Zip		Country	5. Certii	icate of Status Desired		8.75 Add	ditional	1
	6. Name and Address of Curren	t Registered A	gent		7. Name	and Address of New Re	egistered A	gent		1
	· · · · · · · · · · · · · · · · · · ·	Name	Name							
BECKARD, PATRICIA				Charles Address (BO Bar North Service Net Accordable)						
130 WOODLAND ROAD				Street Addi	Street Address (P.O. Box Number is Not Acceptable)					
	·································									1
FALINI OFF	RINGS FL 33461							,		4
•				City			FL	Zip Cod	e	1
8. The above	named entity submits this statement	or the purpose	of changing its re	ealstered office or rea	aistered agent.	or both, in the State of Flor	ida. I am fa	miliar with.	and accept	†
	tions of registered agent.		J J			,				
	ν.			e-54				•		
SIGNATURE .	Signature, typed or printed name of registered ager	t and title if applicable). (NOTE: I	Registered Agent signature n	equired when reinstati	na)	DATE			
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	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of					Trust Fund Contribution	. 🗆		to Fees	
	<u>-</u>			H Tag		ONO COLUMNOES TO OFFI	OFDO AND	SIDEOTOD	0.151.44	4
10.	OFFICERS AND	DIRECTORS		11.	ADDIT	ONS/CHANGES TO OFF				٦ ا
TITLE	BECKARD, PATRICIA		☐ Delete	TITLE				☐ Change	Addition	13
NAME STREET ADDRESS	130 WOODLAND ROAD			NAME STREET ADDRESS						
CITY-ST-ZIP	PALM SPRINGS FL 33461			CITY-ST-ZIP						8
	TALIN STAINED I E SOSOT			┠ ──────				Channe	CT Addition	4 5
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	<u> </u>							C) Change		-
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STREET ADDRESS				STREET ADDRESS						}.

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #