## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO 00000





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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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Principal Place of Business		3. Mailing Address		
601-12 Ave. N.E. W1		P.O. Pox 669		A A 4 = 1/20 = 0
Suite, Apt. #, etc.		Suite, Apt. #, etc.		AN L BONDT VRIFEINTHS SPACE R D
#				INVICIOLD UDI
City & Stat		City & State		4. FEI Number Applied For
St. Retor	sning	St. Peters Ming		<b>59-374 26 13</b> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
3770)	Prollar	33771-0669	Puella	Fee Required
	The state of the s	har forth cutting thronic city	EMANS NO.	7. Name and Address of Current Registered Agent
,,,,,,,			Name	or Gale Marie
	DO NOT W	RITE	Stroot	Address (P.O. Box Number is Not Acceptable)
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Marie Comment	in the state of th	armattista, doctar i solidationalità visa mani estrucci i		FL Zip Code
8. The above	named entity submits this statement fo	r the ourpose of changing its	registered office of	r registered agent, or both, in the State of Florida. I am familiar with, and accept
the obligati	ons of registered agent.	the perpendicular straing ing its	Togistered office o	r registered agent, or both, in the state of Florida. Fam familiar with, and accept
	Q - < 1 10 -			1 .
SIGNATURE _	12 3. CHX	B/19/1 5 and title if applicable. (NOI	White	8/28/03
	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signa	ture required when reinstating) DATE
Jan	uary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00			O Flanting Committee Five in the committee of the committ
	Amended UBR is \$61.25			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
Make Check	Payable to Florida Department of	State		Trust Fund Contribution. LJ Added to Fees
10.	OFFICERS AND	DIRECTORS	1.5	The second secon
TITLE	Actident / Director		VIIILE CONTRACTOR	
NAME	Stephen A. White		NAME	900022704049
STREET ADDRESS	120'90 Topes Street		STREET ADDRESS	900022704049 09x02/03-01075009 **61.25
CITY-ST-ZIP	Samo Hill Florida BYLO	9	CITY ST-ZIP	the state of the s
TITLE	V.P. / Director		TITLE -	
NAME	Charles R. White Jr.		NAME	
STREET ADDRESS:	10488-112 TAVE MOIT	4	STREET ADDRESS	
CITY-ST-ZIP	LAMO, Florida 37773		CITY-ST-ZIP	
TITLE	Secy / Trees / Oirector		TITLE	
NAME			NAME	
STREET ADDRESS	2817 Wes Prive South		STREET ADDRESS	
CITY-ST-ZIP	Chearwater, Fl. 73761		CITY-ST-ZIP	DO NOT WRITE
TITLE		<del></del>	400	
NAME			TITLE	IN THIS SPACE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034B (12/02)