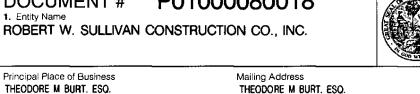
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000080018 DOCUMENT #

SIGNATURE:



FILED Apr 28, 2003 8:00 am Secretary of State
04-28-2003 91407 018 ***150.00

Daytime Phone #

							"		
Principal Place of Business THEODORE M BURT. ESQ. 114 NE 1RST ST. P O BOX 308 TRENTON FL 32693			Mailing Address THEODORE M BURT. ESQ. 114 NE 1RST ST. P O BOX 308 TRENTON FL 32693						
2. Principal Place of Business				3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES	
City & State				City & State			4.	FEI Number 04-3611502 Applied For Not Applicable	
Zip	Zip Country				try	5. Certificate of Status Desired			
	and Address of Current	ed Agent							
						Name			
Burt, th Theodor			Street Address (F			Box Number is Not Acceptable)			
114 NE 1RST ST, P O BOX 308									
TRENTON FL 32693					City		FL Zip Code		
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.									
SIGNATURE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.		OFFICERS AND	DIRECTO	PRS	11.		Α[DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, ROBERT W SR 5290 SE 55TH AVE TRENTON FL 32693					1		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN 5290 SE S	, ELLEN M		☐ Delete	TITLE NAME STRE		****	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	NAMI STRE	E ET ADDRESS -ST-ZIP		☐ Change — ☐ ,Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		- 1		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				☐ Change ☐ Addition	
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 peopt 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 mpowered to be cute 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 adjuest, with all other like empowered.									