## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR) DOCUMENT #** P01000085842

1. Entity Name



## **FILED** Mar 17, 2003 8:00 am § Secretary of State 03-17-2003 91072 007 \*\*\*150.00

PORT ORANGE FL 32129  2. Principal Place of Business  3. Mailing Address  Suite. April # ofc.  City & State  SN/PSON, SCOTT E  SN/PSON, SCOTT E  SN/PSON, SCOTT E  Street Address of Courtery  Street Address (PO. Gox Number is Not Address of New Registered Agent  City  City  FL  City  FL  Zip Code  8. The across named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fxvide, it am familiar with, and accepts the obligations of registered agent, or both, in the State of Fxvide, it am familiar with, and accepts the obligations of registered agent, or both, in the State of Fxvide, it am familiar with, and accepts the obligations of registered agent, or both, in the State of Fxvide, it am familiar with, and accepts the obligations of registered agent, or both, in the State of Fxvide, it am familiar with, and accepts the obligations of registered agent, or both, in the State of Fxvide, it am familiar with, and accepts the obligations of registered agent, or both, in the State of Fxvide, it am familiar with, and accepts the obligations of registered agent, or both, in the State of Fxvide, it am familiar with, and accepts the obligations of registered agent, or both, in the State of Fxvide, it am familiar with, and accepts the obligations of registered agent, or both, in the State of Fxvide, it am familiar with, and accepts the obligations of registered agent, or both, in the State of Fxvide, it am familiar with, and accepts the obligations of registered agent, or both, in the State of Fxvide, i	MARDEN	, INC.			18							
Suite Apr. #, etc.   Suite, Apr. #, etc.   Suite, Apr. #, etc.   GHECK HERE IF,MAKING CHANGES  Zip   Country   Zip   Country   T3-1646992   No. Applicable   No	3943 S NOVA RD P.O.BOX 291549								) ##411 <b>8</b> #211 <b>#8</b> 184		Breit iver con	
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SIMPSON, SCOTT E  STreet Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City	City & Sta	te	City & St	City & State			4. FE	73-16469	92		• -	
SIMPSON, SCOTT E 1020 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BCH FL 32114  City FL Zp Code	Zip	Country	Zip		Country		<b>5.</b> Ce	ertificate of Status Desire	ed 🗌			
SIMPSON, SCOTT E 1020 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BCH FL 32114  City FL Zr Code  6. 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 5150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II  MAKE SIREF ADDRESS OTH-51-27P  DAYTONA BEACH FL 32118  Delete  TITLE WARE SIREF ADDRESS OTH-51-27P  DELETE ADDRESS OTH-51-27P  DELETE ADDRESS OTH-51-27P  DELETE ADDRESS OTH-51-27P  TITLE WARE SIREF ADDRESS OTH-51-27P  TITLE WAR		6. Name and Address of Currer	t Registered A	ent			7. Na	ame and Address of Ne	w Registered	Agent		
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B. 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, or post, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or post, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or post, in the State of Florida. I am familiar with, and accept the obligations of registered agent agent agratum woulded when remaining?  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MANE STREET ADDRESS  DITY-51-2P  TITLE  Detele  TITLE  MANE STREET ADDRESS  DITY-51-2P  TITLE  MANE STREET ADD		•	)				Street Address (P.O. Box Number is Not Acceptable)					
B. 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    Signature, hose or present rame of impaissed agent and title? Importance.   PMOTE: Registered Agent algorithms magned when recreating)   DATE	DAYTONA	BCH FL 32114										
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port 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if east, with all other the empowered. of the corporation or the receiver or truste changed, or on an attachment with an ad

**SIGNATURE:** 

386 -76 F9440