## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P01000085935 **DOCUMENT #**



**FILED** Feb 27, 2003 8:00 am Secretary of State

1. Entity Na	PY, INC.						02-27-2003 90156 016 ***150.00				
Principal Place of Business 11391 REGAL LANE LARGO FL 33774				Mailing Address 11391 REGAL LANE LARGO FL 33774				I (117411) in 1114 in 1414 in	ŤI 15181 SHIP 181	<b>20</b> 111 <b>3</b> 1 <b>0</b> 111 1 <b>0</b> 31	
2. Principal	Place of Busin	ness	3. Ma	3. Mailing Address			$\dashv$				
Suite, Ap	t. #, etc.	<del></del>	Sui	Suite, Apt. #, etc.			-	☐ CHECK HERE IF MAKIN	IG CHANGE	S	
City & State			City	City & State			4. F	FEI Number <b>59-3740803</b>		Applied For	
Zip		Country		Zip Country			5. (	Certificate of Status Desired	\$8.75 A	dditional	-
-	6. Name	and Addres	s of Current Register	ed Agent			7. N	Name and Address of New Registere			$\dashv$
MALONE	, SCOTT P					Name			- Gene		7
11391 REGAL LANE						Street Address (P.O. Box Number is Not Acceptable)					
LARGO F									·		1
	<u></u>					City		F			
8. The above the obliga	e named entity ations of registe	v submits this ered agent.,	s statement for the purp	ose of changing	its registere	ed office or registe	ered age	ent, or both, in the State of Florida. I ar	ı familiar with	, and accept	7
SIGNATURE	Signature, typed	or printed name of	registered agent and title if app	olicable. (Ne	OTE: Registered	I Agent signature require	ed when rei	instating) DATE		<u></u>	
ي								DATE			╛
Afte	FILE NOW!! er May 1, 200 k Pavable to	3 Fee will		of State				<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>	\$5.0 Adde	00 May Be	
10.			FICERS AND DIRECTO	DC						, este i	╛
TITLE	P	- OF			11.	<del></del>	ADI	DITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 11	۱,
NAME STREET ADDRESS CITY-ST-ZIP	MALONE, 11341 REG LARGO FL	AL LANE		☐ Delete		T ADDRESS		·	☐ Change	☐ Addition	7,70
	Daigo (E	00114	***		CITY-	ST-ZIP					نَ لِ
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NAME				☐ Delete	TITLE NAME				☐ Change	Addition	
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TITLE NAME		•		☐ Delete	TITLE			·	☐ Change	Addition	1
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CITY-ST-ZIP					CITY	T 710					1

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.

CITY-ST-ZIP

SIGNATURE:

SEMATURE SCOTTIMATIONE

a. 23.0 3

727.709.6186