

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90174 031 ***150.00

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

DOCUMENT # P01000091549 1. Entity Name PISGAH PLACE PARTNERS, INC.					
Principal Place of Business 2374 OLD HWY 60 MULBERRY, FL 33860			Mailing Address P.O. BOX 915 MULBERRY, FL 33860-0915		
2. Principal Place of Business 923 S. Fl. Ave Suite, Apt. #, etc. Suite 102 City & State Lakeland, FL Zip 33803		3. Mailing Address 923 S. Fl. Ave Suite, Apt. #, etc. Suite 102 City & State Lakeland, FL Zip 33803			
<input type="checkbox"/> CHECK HERE IF MAKING CHANGES					
4. FEI Number 04-3602200			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ARTMAN, STUART D 2374 OLD HWY 60 MULBERRY, FL 33860			7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 923 South Fl. Ave, Suite 102 City Lakeland FL Zip Code 33803		
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 _____ (NOTE: Registered Agent's signature required when submitting) DATE _____					
FILE NOW WITH 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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARTMAN, STUART D P.O. BOX 915 MULBERRY, FL 338600915	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. Artman, Stuart D 923 S. Fl. Ave Lakeland, FL 33803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ARTMAN, GRETCHEN L P.O. BOX 915 MULBERRY, FL 338600915	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Same: Artman, Gretchen L. P.O. Box 1658 Highland City, FL 33846	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <u>Gretchen L. Artman, DST</u> Gretchen L. Artman 5/22/03 863-644-7306 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

please see enclosures

Attachment #

DEPARTMENT OF THE ARMY
U.S. ARMY RESERVE PERSONNEL COMMAND
1 RESERVE WAY
ST. LOUIS, MO 63132-5200

80122220
PO1000091549

ARPC-PLM-0
ORDERS M-01-301287

05 MAR 2003

ARTMAN STUART DOUGLAS
530 BONNIE ER
LAKELAND FL 33803 2008

PLM-P

LTC TC 267 31 9842
88A
USAR CONTROL GROUP (REINF)

PURSUANT TO PRESIDENTIAL EXECUTIVE ORDER OF 14 SEP 2001, YOU ARE
RELIEVED FROM YOUR PRESENT RESERVE COMPONENT STATUS AND ARE ORDERED
TO ACTIVE DUTY. PROCEED FROM YOUR CURRENT LOCATION IN SUFFICIENT
TIME TO REPORT BY THE DATE SPECIFIED.

REPORT TO: W7UT27 120TH AG RECBN

BLDG 1895 (803) 751-7713/5543 FT JACKSON SC 29207

REPORT DATE: NO LATER THAN 10 APR 2003 BUT NO EARLIER THAN 08 APR 2003

PERIOD OF ACTIVE DUTY: NOT TO EXCEED 365 DAYS UNLESS EXTENDED OR

TERMINATED BY PROPER AUTHORITY

PURPOSE: PARTIAL MOBILIZATION - OPERATION ENDURING FREEDOM (OPEF011)

ASSIGNED TO: W7UT18 T-SCH/AVLOG

BLDG 664 (757) 878-2592/2523 FT EUSTIS VA 23804 5018

ADDITIONAL INSTRUCTIONS: FAILURE TO REPORT MAY SUBJECT YOU TO UCMJ ACTION.
TRANSPORTATION OF DEPENDENTS AND HOUSEHOLD GOODS IS NOT AUTHORIZED. STORAGE
OF HOUSEHOLD GOODS IS AUTHORIZED. TRAVEL BY PRIVATELY OWNED VEHICLE IS NOT
AUTHORIZED. MAKE YOUR COMMERCIAL TRAVEL ARRANGEMENTS BY CALLING
1-800-288-3042. (FEMALES ONLY: IF YOU ARE PREGNANT DO NOT REPORT; CALL
AR-PERSCOM TO REPORT YOUR STATUS AND TO REQUEST DEFERMENT, DELETION OR
MEDICAL GUIDANCE.) SEE PAGE 2 FOR STANDARD MOBILIZATION INSTRUCTIONS.
PERFORMING IN A TEMPORARY DUTY STATUS. TRAVEL ADVANCE ISSUED BY
DFAS-INDIANAPOLIS. SUBMIT TRAVEL VOUCHER TO: DFAS-IN (CONTINGENCY
OPERATIONS), DEPT 3700, 8899 E 56TH ST, INDIANAPOLIS, IN 46249-3700. TVL
VOUCHER MUST HAVE SIGNATURE/DATE IN BLOCKS 20C/20D FOR SUBMISSION.

FOR ARMY USE: AUTHORITY: 10 USC 12302

ACCT CLAS: 97X0833.0100 01-1100 PO415M00 11**/12** VFRE 01FFGU \$99999

97X0833.0100 01-1100 PO415Q00 21**/22**/25**/4110

VFRE F3201 \$99999

SCRN: ART9842TGO1287

SEX: M PMCS/AOC/ASI/LIC: 88A

SCTY CL: TS W/SENSITIVE INFO

MDC: FEBD: 06 JUN 1979

DDR: 23 JUN 1998

COMP: USAR

USARMG: 04

FORMAT: 163

BY ORDER OF THE SECRETARY OF THE ARMY:

* AR-PERSCOM *
* OFFICIAL *

ELTON C. BRUCE
COL, AG
COMMANDING

DISTRIBUTION: M1

PACKET: 6M

1 120TH AG RECBN BLDG 1895 (803) 751-7713/5543 FT JACKSON SC 29207