## Amended 12-9-03

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

STREET ADDRESS CITY-ST-2P  TITLE  MAKE BISC and i, Jayme STREET ADDRESS CITY-ST-2P  TITLE  NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET	UNITUKM BUSINESS KEPUK I	i (UBK)		
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2. Improved Place of Business 35.36. S. Highlands A. 35.36. S. Highl			03 DEC     AM 10: 35	
3. Maling Andrew Market Representation of Business And 353.6 S. Highlands And 353.6 S. High	DO NOT WRITE IN THIS SPACE			
Numerical States   Section   Secti	3536 S. Highlands A. 3536 S. H	lighlands Av	7	ACE
200 NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am hamiliar with, and accept the collegistons of registered agent.  SIGNATURE  January 1: May 1 Fee is \$150.00  Amended URR is \$41.25  Make Check payable to Florida Department of State  10. OPHICERS AND DIRECTORS  THE BISCORDI, WHY JOSE ph SL Street Agents provide new winglement agent a round involved in the state of Florida. I am hamiliar with, and accept the collegistons of registered agent. or both, in the State of Florida. I am hamiliar with, and accept the collegistons of registered agent. or both, in the State of Florida. I am hamiliar with, and accept the collegistons of registered agent. or both, in the State of Florida. I am hamiliar with, and accept the collegistons of registered agent. or both, in the State of Florida. I am hamiliar with, and accept the collegistons of registered agent. or both, in the State of Florida. I am hamiliar with, and accept the collegistons of registered agent. or both, in the State of Florida. I am hamiliar with, and accept the collegistons of registered agent. or both, in the State of Florida. I am hamiliar with, and accept the collegistons of registered agent. or both, in the State of Florida. I am hamiliar with, and accept the collegistons of registered agent. or both, in the State of Florida. I am hamiliar with, and accept the collegistons of registered agent. or both, in the State of Florida. I am hamiliar with, and accept the collegistons of registered agent. or both, in the State of Florida. I am hamiliar with, and accept the florida.  January 1: May 1 Fee is \$150.00  January 1: May 1 F		F1		
Name Biscardi WH Joseph SR  SIGNATURE  IN THIS SPACE  1. Name and Address of Curren Registered Aport  Single Address (P.O. Box Number is Not Appropriate)  Single Address (P.O. Box Number is N	· _50	Country	5 Certificate of Status Desired 5	3.75 Additional
DO NOT WRITE IN THIS SPACE  Streen Address IP O. Boy Number is Not Acceptable)  3.3.4. S. F. H. gh/land. S. P. V.  City Invenes S. F.L. 39,95.2.  8. The above named entity submits this statement for the purpose of changing its registered offlice or registered agent, or both, in the State of Florida. I am familiar with, and accept the deligiblines of registered signed.  SIGNATURE:  Symans would refer advanced signed.  SIGNATURE:  Symans would refer advanced signed.  NOTE traggitted Agent approve account deliverable agent as the familiar with, and accept the deligiblines of registered signed.  NOTE traggitted Agent approve account deliverable agent as the familiar with, and accept the deligiblines of registered signed.  NOTE traggitted Agent approve account deliverable agent agent as the familiar with, and accept the the changed agent a	34100 1017143 1 24470	10///45	<u> </u>	
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:    January 1 - May 1 Fee is \$150.00	والمراج والمحاربين من منيت شبيه المدا	Street Address	P.O. Box Number is Not Acceptable) S-Highlands Ave -	S.R.
January 1- May 1 Fee is \$15.00 May Be Added to Fees Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  ITILE  IN AME  BISCARCI, WH. JOSEPH SIL  THE  IN AME  BISCARCI, JOYME  STRET ADDRESS  STRET ADDRESS  CITY-ST-2P  THE  NAME  STRET	,	<u>I IIIve</u>		illar with, and accept
After May 1, Fee is \$55.00 May pee Added to Fees Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  MAKE  BISCACALI, WH. JOSEPH S.R.  MITTEL  MAKE  BISCACALI, JOYME  BITTLE  MAKE  BITTLE  MAKE  BITTLE  MAKE  BITTLE  MAKE  BITTLE  MAKE  STREET ADDRESS  CITY-ST-JP  DO NOT WRITE  ITTLE  MAKE  STREET ADDRESS  CITY-ST-JP  DO NOT WRITE  ITTLE  MAKE  STREET ADDRESS  CITY-ST-JP  DO NOT WRITE  ITTLE  MAKE  STREET ADDRESS  CITY-ST-JP  TITLE  MAKE  STREET ADDRESS  CITY-ST-JP  TIT	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOT	E: Registered Agent signature require	t when reinstating) DATE	
TITLE MAME BISCORDI, WHI. JOSEPH SR SIRETADRESS CITY-ST-2P TILE MAME BISCORDI, VOYME SIRETADRESS CITY-ST-2P TILE MAME BISCORDI, JOYME SIRETADRESS CITY-ST-2P TILE MAME SIRETADRESS CITY-ST-2P TILE MAM	After May 1, Fee Is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			
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STREET ADDRESS (174 ST-ZIP HEROANDO, F1 3444)  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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:  Address  STREET ADDRESS  CITY-ST-ZIP  TAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  N	NAME Biscardi, Joyme STREET ADDRESS 3536 S- Highlands Ave CITY-ST-ZIP Inverness, 1=1 34452	NAME STREET ADDRESS CITY-ST-ZIP		
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SIGRATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davime Phone #	indicated on this report or supplemental report is true and accurate and that no fithe corporation or the receiver or trustee empowered to execute this repor	ny signature shall have the strass required by Chapter 6	same legal effect as if made under oath; that I am a 107, Florida Statutes; and that my name appears in 35 and 12-9-03 34	an officer or director Block 10 or on an 52, –

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