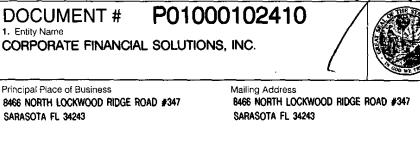
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR



FILED Sep 10, 2003 8:00 am Secretary of State

09-10-2003 90138 001 ***150.00 09-10-2003 90138 002 ***400.00

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Principal Place of Business 8466 NORTH LOCKWOOD RIDGE ROAD #347 SARASOTA FL 34243 Mailing Address 8466 NORTH LOCKWOOD RIDGE ROAD #347 SARASOTA FL 34243					
Principal Place of Business 3. Mailing Address			-{	OCKEO ELOKE AROOF	10 0 04 60 00 19061
Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		4. FEI Number APPLIED FOR	├ ─}	Applied For Not Applicable	
Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Name					
Street			ress (P.O. Box Number is Not Acceptable)		
#		<u></u>			
, e	C	City	FL	Zip Cod	le
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.					
and title if applicable. (NO	TE: Registered Age	ant signature required	d when reinstating) DATE		
			9. Election Campaign Financing Trust Fund Contribution. [00 May Be d to Fees
DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11
Delete .	TITLE NAME STREET AD	· 1	A DOMESTIC OF THE CITIES AND	☐ Change	Addition
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	8466 NORTH LOCKWOO SARASOTA FL 34243 3. Mailing Address Suite, Apt. #, etc. City & State Zip Registered Agent and title if applicable. (NC DIRECTORS Delete Delete Delete Delete Delete	8466 NORTH LOCKWOOD RIDGE ROASARASOTA FL 34243 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country Registered Agent And title if applicable. (NOTE: Registered Agent) Directors Directors Delete Title NAME STREET AL CITY-ST- Delete Delete Title NAME STREET AL CITY-ST- Delete Title NAME STREET AL CITY-ST- Delete Title NAME STREET AL CITY-ST- Delete Title NAME STREET AL CITY-ST- Delete Title NAME STREET AL CITY-ST- Delete Title NAME STREET AL CITY-ST- Delete Title NAME STREET AL CITY-ST- T	8466 NORTH LOCKWOOD RIDGE ROAD #347 SARASOTA FL 34243 3. Mailing Address Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKIN City & State A. FEI Number APPLIED FOR Zip Country S. Certificate of Status Desired Registered Agent Name and Address of New Registered Street Address (P.O. Box Number is Not Acceptable) City FI If the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am and this if applicable. (NOTE: Registered Agent signature registered agent, or both, in the State of Florida. I am and this if applicable. (NOTE: Registered Agent signature required when refinitating) DATE If the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am and this if applicable. (NOTE: Registered Agent signature registered when refinitating) DATE If the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am and this if applicable is not acceptable) Part P. Name and Address of New Registered If the purpose of changing its registered agent, or both, in the State of Florida. I am and this if a purpose is not acceptable. I am and the purpose of changing its registered agent, or both, in the State of Florida. I am and the purpose of changing its registered agent, or both, in the State of Florida. I am and the purpose of changing its registered agent, or both, in the State of Florida. I am and the purpose of changing its registered agent, or both, in the State of Florida. I am and the purpose of changing its registered agent, or both, in the State of Florida. I am and the purpose of changing its registered agent, or both, in the State of Florida. I am and the purpose of changing its registered agent, or both in the State of Florida. I am and the purpose of changing its registered agent, or both in the State of Florida. I am and the purpose of changing its registered agent, or both in the State of Florida. I am and the purpose of changing its registered agent, or both in the State of Florida. I am and the purpose of cha	Suite, Apt. #, etc. Check Here if Maxing Changes

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 eath; 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: