2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000102735



FILED Mar 24, 2003 8:00 am § Secretary of State

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S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City FL. Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. I am familiar with, and socept the obligations of registered agent, or both in the State of Florida. I am familiar with, and socept the obligations of registered agent, or both in the State of Florida. I am familiar with, and socept the obligations of registered agent, or both in the State of Florida. I am familiar with, and socept the obligations of registered agent, or both in the State of Florida. I am familiar with, and socept the obligations of registered agent agent agent or registered office or registered office or registered agent, or both, in the State of Florida. I am familiar with, and socept the obligations of registered agent. FILE NOW!!! FEE IS 150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS IN 1 III. D. OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 III. D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 III. D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 III. D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 III. D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 III. D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 III. D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 III. D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 III. D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 III. D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 III. D. Change Addition NAME SIGNATAROWS III. D. Change Addition NAME SIGNA	City & State			City & State			4. FEI Number 59-37534	94	
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2. 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 be up the state (19.1).		ertify that the inf	ormation supplied with	this filing does not a			ection 119 07(3\/i) Florida Statuta	e I further continue that the	o informatio-

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. (813)

SIGNATURE: