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

## **DOCUMENT #**

P01000103215



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

| CINDY J  | FORD, P   | .A.  |                             |  |   |   |                              | 03-24-200                       | 3 90209 0:                       | 26 ***150                                   | 7.00   |
|--|---|--|-----------------------------|--|---|---|------------------------------|---------------------------------|----------------------------------|---|--|
| Principal Place of Business<br>21219 NW 70TH AVE<br>ACACHUA FL 32615   |   |  | 2121                        | Mailing Address<br>21219 NW 70TH AVE<br>ACACHUA FL 32615 |   |   | ĺ                            | <br>Birray ahi abuu habii babii | <b>15</b> 40 <b>8011</b> 1 11011 | <b>58188</b> (111 <b>18</b> 11 <b>18</b> 1  | II KARU OUK TORI   |
| 2. Principal   | Place of Busin  | ness   | 3. Ma                       | iling Address  |   |   |                              |                                 |                                  |   |  |
| Suite, Apt. #, etc.  |   | Suit   | Suite, Apt. #, etc.         |  |   |   | CHECK HERE IF MAKING CHANGES |                                 |                                  |   |  |
| City & State   |   |  | City                        | City & State   |   |   | 4. FE! Nun                   | 1 59 <del>-</del> 3752288       |                                  |   | Applied For<br>Not Applicable                                    |
| Zip  |   | Country  | Zip                         |  | Coun  | itry  | 5. Certifica                 | ate of Status Desired           | 1 🗆                              | \$8.75 Ac<br>Fee Requir                     |  |
| <del></del>  | 6Name   | and Address of C   | urrent Registere            | ed Agent   | <u>= = .</u>  |   | _7. Name a                   | nd Address of New               | / Registered                     | Agent                                       |  |
| FORD, CI   | INDV 1  |  |                             |  |   | Name  |                              |                                 |                                  |   |  |
| · ·  | N 70TH AVE  | <u>'</u>   |                             |  |   | Street Address  | s (P.O. Box Num              | nber is Not Acceptal            | ble)                             |   |  |
|  | A FL 32615  | i  |                             |  |   |   |                              |                                 |                                  |   |  |
| AUAUHU   | A I E 32013   |  |                             |  |   |   |                              |                                 |                                  |   |  |
|  |   |  |                             |  |   | City  |                              |                                 | FL                               | Zip Co                                      | de   |
| 8. The above   | e named entity  | submits this stater  | nent for the purp           | ose of changing its                                      | s registere   | ed office or regist   | tered agent, or t            | both, in the State of           | Florida. I am                    | familiar with                               | , and accept   |
| the obliga   | itions of regist  | ered agent.  |                             |  |   |   |                              |                                 |                                  |   |  |
| SIGNATURE  |   |  |                             |  |   |   |                              |                                 |                                  |   |  |
| SIGNATORE  |   |  |                             |  |   |   |                              |                                 |                                  |   |  |
| SIGNATORE  |   | or printed name of registere   | ed agent and title if app   | olicable. (NOT   | E: Registered   | d Agent signature requi   | ired when reinstating)       |                                 | DATE                             |   |  |
|  | Signature, typed  | ! FEE IS \$150.0   | 00                          | olicable. (NOT   | E: Registered   | d Agent signature requi   | 1                            | Election Campaign               |                                  | \$5.0                                       | 00 usps  |
| F<br>Afte  | Signature, typed<br>FILE NOW!!<br>er May 1, 200                           | ! FEE IS \$150.0   | 00<br>50.00                 | olicable. (NOT   | E: Registered   | d Agent signature requi   | 9. 1                         | Election Campaign I             | Financing                        |   | 00 May Be  |
| F<br>Afte<br>Make Chec   | Signature, typed<br>FILE NOW!!<br>er May 1, 200                           | ! FEE IS \$150.0<br>3 Fee will be \$55<br>Florida Departm                                  | 50.00<br>ent of State       |  |   | d Agent signature requi   | 9.                           | Trust Fund Contribut            | Financing<br>tion. [             | Adde  | d to Fees  |
| F<br>Afte<br>Make Chec   | Signature, typed<br>FILE NOW!!<br>er May 1, 200                           | ! FEE IS \$150.0<br>3 Fee will be \$55<br>Florida Departm                                  | 00<br>50.00                 | PRS  | 11.   |   | 9.                           |                                 | Financing<br>tion. [             | Adde  | d to Fees  |
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| F Afte Make Checi 10. TITLE NAME STREET ADDRESS  | FILE NOW!!<br>or May 1, 200<br>k Payable to<br>P<br>FORD, CIN<br>21219 NW | ! FEE IS \$150.0<br>3 Fee will be \$55<br>Florida Departm<br>OFFICERS<br>IDY J<br>70TH AVE | 50.00<br>ent of State       | PRS  | 11.<br>TITLE  |   | 9.                           | Trust Fund Contribut            | Financing<br>tion. [             | Adde  | d to Fees  |
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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.

**SIGNATURE:** 

Daytime Phone #

CR2E034 (10/02)