2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000103616 **DOCUMENT #**

1. Entity Name



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90082 025 ***150.00

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See the control of th	City & Stat	е	City & State				4.	FEI Number NOT APPLI	CABLE]
TAYLOR, STANLEY 4122 BROOKMYRA DRIVE ORLANDO FL 32837 6. To nature and Address of New 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 10. OFFICERS AND DIFFCTORS TAYLOR, STANLEY 4128 BROOKMYRA DRIVE ORLANDO FL 32837 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFCTORS IN 11 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFCTORS IN 11 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFCTORS IN 11 11. AND THE NAME STREET ADDRESS ORN-3-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFCTORS IN 11 11. AND THE NAME STREET ADDRESS ORN-3-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFCTORS IN 11 11. AND THE NAME STREET ADDRESS ORN-3-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFCTORS IN 11 11. AND THE NAME STREET ADDRESS ORN-3-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFCTORS IN 11 11. AND THE NAME STREET ADDRESS ORN-3-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFCTORS IN 11 11. AND THE NAME STREET ADDRESS ORN-3-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFCTORS IN 11 11. AND THE NAME STREET ADDRESS ORN-3-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFCTORS IN 11 11. AND THE NAME STREET ADDRESS ORN-3-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFCTORS IN 11 11. AND THE NAME STREET ADDRESS ORN-3-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFCTORS IN 11 11. AND THE NAME STREET ADDRESS ORN-3-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFCTORS IN 11 11. AND THE NAME STREET ADDRESS ORN-3-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFCTORS IN 11 12. ADDITIONS/	Zip	Country	Zip		Coun	itry	5.			\$8.75 Add	ditional	ĺ
Name		6. Name and Address of Currer	nt Register	ed Agent		<u> </u>	7. [Name and Address of New R	egistered			1
### Street Address (P.O. Box Number's Not Acceptable) City FL Zip Code						Name		-	 .			1
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Syntacts, byed or printed name of registered agent and tites? Represelve (NOTE Registered Agent agent agent and the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Syntacts, byed or printed name of registered agent and tites? Represelve Agent agent and tites? Represelve Agent agent and the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Syntacts, byed or printed name of registered agent. ONT INTER May 1, 2003 Fee will be \$55.00 May Be 7 Addition of the Payable to Floridab Department of State OFFICERS AND DIRECTORS TITLE NAME TAYLOR, STANLEY 4426 BROOKMYPA DRIVE OR STRET ADDRESS ORY \$1-2P TITLE NAME SIRET ADDR					Street Address (P.O. Box Number is Not Acceptable)						1	
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: File NoW!!! FEE IS \$150.00												1
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE	ORLANDO) FL 32837										
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		ertify that the information supplied wit	h this filing	does not qualify for the		ſ	ection 1	119.07(3)(i) Florida Statutos I	further co	rtify that the in	formation	

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 #