2003 F

FOR PROFIT CORPORATION 2003
UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT #P01000104439 03 APR 23 AM 8: 12		
SAFENET OF MAPIES, TW. SECRETARY OF STATE TALLAHASSEE. FLORIDA		
OHIGHE, S. IIII		IALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE		
2. Principal Place of Busines StN 3. Mailing Address 3580 H StN 358	子でもとの	7
Suite, Apt. #, etc. Suite, Apt. #, e	tc.	DO NOT WRITE IN THIS SPACE
MATES, FL. MARY	ES, FL.	S4"3758\80 Applied For Not Applicable
34103 Country 3410	Country	5. Certificate of Stalus Desired See Required Fee Required
	1	7. Name and Address of Current Registered Agent
Name JASON WALLS		
DO NOT WRITE	Street Address	s (P.O. Box Number is Not Acceptable)
IN THIS SPACE 3580 149 54 -N		
	City ME	ARIES FL 39103
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. Lam familiar with, and accept the obligations of equitiered agent.		
SIGNATURE Segret type or printed an extragalistic displayed agent and the Bill agriculture. (1401E) Pergutured Agent signature required when remarkating). [1401E] Pergutured Agent signature required when remarkating).		
January 1 - May 1 Fee Is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ITILE NAME STREET ADDRESS CITY-ST-ZIP	04/28/03-01005-009 **150.00
TITLE D	1ITLE	
MAKE JOHNS DATTS STREET ADDRESS 24377 RODRS DT.	NAME Street address	
CHY-SI-ZIP BONTITA SPITTNES, FL 34		
1 mrs (2)	■ TESE	
NAME STREET ADDRESS 2006 DE 189 AVE	HAME STREET ADDRESS	
COTY-ST-ZIP CARE COMPAL FL 3396	CITY-ST-ZIP	DO NOT WRITE
TITLE	ture	IN THIS SPACE
NAME .	NAME	
STREET ADDRESS CITY-SI-ZIP	STREET ADDRESS CITY-ST-ZIP	・ 中央に計画は映画の計画製造した。所ではなり、 インスを対象と発音を開発しませた。 対象は、対象は対象に対象となっている。
THLE	TITLE	
NAME CHIEFT ADMINOR	NAME .	在1000年7月1日 - 1000年 -
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	・ かられる単語を、対しまれていて、 ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・
TITLE	TITLE '	

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 supplementable poet is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the exemption of th

STREET ADDRESS

CHY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/03

214/24

Daytme Phone #