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

## P01000104859 **DOCUMENT #**

TITLE

NAME

STREET ADDRESS



## **FILED** Apr 14, 2003 8:00 am 8 8 Secretary of State

EXPRES			04-14-2003 90083 036 ***150.00						
Principal Place of Business 4366 AVALON BOULEVARD MILTON FL 32583  Mailing Address 4366 AVALON BOULEVARD MILTON FL 32583						(818) (181) <b>8</b> 2	121 <b>81881 (D</b> 18	J 81116 (91) 1991	
2. Principal Place of Bysiness  4344 Avdu 31vd.  3. Mailing Address  4346 Avdu 31vd.				71.001.					
Suite, Apt. #, etc. Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State  Witten FL  City & State  Witten FL					4. FEI Number 59-3752951	***************************************		oplied For ot Applicable	-
zip 32582	Country	2ip 32583	Country		5. Certificate of Status Desired		8.75 Addee Require		7
	6. Name and Address of Current	Registered Agent	Name		7. Name and Address of New Reg	stered Aç	jent		7
HENDERSON, CARLTON D					•				
4366 AVALON BOULEVARD			Street A	Street Address (P.O. Box Number is Not Acceptable)					1
MILTON FL 32583									+
1	. 2 32333		City		7.5 10.1	FL	Zip Cod	le	$\frac{1}{2}$
8. The above	named entity submits this statement fo	the purpose of changing its re	egistered office or	r registere	ed agent, or both, in the State of Florid	a. I am fai	<u>l</u> miliar with,	and accept	1
the obliga	tions of registered agent.								İ
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signat	ure required s	when rainstating)	DATE			
<u>-</u>	FILE NOW!!! FEE IS \$150.00		Togistora a rigam ang rus		The state of the s	DAIL			+
<sup>4</sup> Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			<ol> <li>Election Campaign Finand Trust Fund Contribution.</li> </ol>	cing		<b>0</b> May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICE	R\$ AND D	DIRECTOR	S IN 11	┨
TITLE	D 9	☐ Delete	TITLE				Change	☐ Addition	3
NAME STREET ADDRESS	HENDERSON, CARLTON D		NAME						(10/02
CITY-ST-ZIP	5680 NICKLAUS LANE MILTON FL 32570		STREET ADDRESS CITY-ST-ZIP						FO34
TITLE	D	☐ Delete	TITLE		, , , , , , , , , , , , , , , , , , ,	Г	Change	Addition	183 183
NAME	HENDERSON, PASCALE L	□ belete	NAME			L		Addition	0
STREET ADDRESS	5680 NICKLAUS LANE		STREET ADDRESS	Seiner.	the service of the service of the service of				Ì
CITY-ST-ZIP*	MILTON'FL 32570		CITY-ST-ZIP						
TITLE NAME	D SINNOTT, THOMS J III	☐ Delete	TITLE NAME			Į.	Change	Addition	
STREET ADDRESS	5451 HOLLEY STREET		STREET ADDRESS						
CITY-ST-ZIP	MILTON FL 32583	,	CITY-ST-ZIP						
TITLE	D	☐ Delete	TITLE			[	Change	☐ Addition	1
NAME STREET ADDRESS	SINNOTT, CHERYL E		NAME						
STREET ADDRESS CITY-ST-ZIP	5451 HOLLEY STREET MILTON FL 32583		STREET ADDRESS CITY-ST-ZIP						1
TITLE	metori i e ozooo	☐ Delete	TITLE				☐ Change	☐ Addition	-
NAME			NAME			L	_ Unanye		
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	l					

12. I hereby certify that the information supplied with his 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 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

Delete

SIGNATURE

Change

Addition