FOR PROFIT CORPORATION

U	JNIFORM BUSIN	ESS REPORT	(UBR)		•		
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DO NOT WRITE IN THIS SPACE					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business 3. Mailing Address						•	
Suite, Ap	Sausalik W	4912 Sausalite L/ Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State Hissimmee, FL Zip 34746 Country Country Country Country		City & State K:85:MM EE, FL Zip Country 34746			4. FEI Number Applied For Not Applied by Not Applied For		
3474.6	Country Steple USA	Zip 34746	Country ES1		5. Certificate of Status Desired	□ \$	Not Applicable 8.75 Additional ee Required
				7	. Name and Address of Curren		
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		e recensional case subsection					
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8. The above	e named entity submits this statement for	or the purpose of changing its	registered office o	r registered	agent, or both, in the State of Fl	orida. I am fam	niliar with, and accept
ine obliga	tions of registered agent,						
SIGNATURE							
	Signature, typed or proceed name of registered agent	and title if applicable. (NOTE	: Registered Agent signa	ture required wh	nen reinstating)	DATE	
Ja	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00				9. Election Campaign Fir	annoine.	***
Maka Charl	Amended UBR is \$61.25				Trust Fund Contributio		\$5.00 May Be Added to Fees
10.	Payable to Florida Department of OFFICERS AND					 	
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of the corr	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor t with an address, with all other like em	wered to execute this report	ne exemption state signature shall ha as required by Ch	ed in Sectio we the sam apter 607, F	on 119.07(3)(i), Florida Statutes. I le legal effect as if made under o Florida Statutes; and that my nar	further certify t ath; that I am a ne appears in	that the information in officer or director Block 10 or on an

SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: _

2-2-03 467-357-432 & Daytime Phone #