

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

DOCUMENT # P01000119798



Mailing Address  
36301 LESLYE LANE  
EUSTIS FL 32736

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Zip

Country USA

☒ Applied For

Not Applicable

☐ **\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE \_\_\_\_\_

**9. Election Campaign Financing Trust Fund Contribution.**

**After May 1, 2003 Fee will be \$550.00**

**\$5.00** May Be  
Added to Fees

**Make Check Payable to Florida Department of State**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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 CITY - ST - ZIP

12. 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: *Sammy G. Riddell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-03

407-832-6770

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (10/02)