UN	MENT # P0200				FII May 02, 2 Secretar	/ED 003 8:0 y of Sta	0 am te
Entity Nam					05-02-2003 902		
Principal Place of Business Mailing Address 1861 W. SAMPLE RD. / #163 9861 W. SAMPLE F CORAL SPRINGS FL 33065 CORAL SPRINGS F							
	Place of Business	3. Mailing Address	JILES ROAD				
City & Stat	SPRINGS, FL	CITAL SP	A State SPRINCS, FL		4. FEI Number Applied For X Not Applicable		
21p 3307	Country USA	- 33076 -	Country	5	Certificate of Status Desired	See Require	ditional d
861 W. S	6. Name and Address of Current I SON, WAYNE SAMPLE RD. / #163 PRINGS FL 33065	legistered Agent	Name (Street Ad		- Name and Address of New Regi EI27 SoN; WAY Box Number is Not Acceptable? Box Number is Not Acceptable? Box Number is Not Acceptable? Box Number is Not Acceptable?	NE D	
the obligat	named entity submits this satement for tions of registered agent.	the purpose of changing i	City C Its registered office or r	PLA egistered	agent, or both, in the State of Florida	FL Zip Con 33	e O7(c and accept
After	Signature typed of anime of registered agent a FILE NOW II FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of		DTE: Registered Agent signatur	a required whe	n reinstating) 9. Election Campaign Financ Trust Fund Contribution.	~ ~ ~ ~ ~	O May Be to Fees
	OFFICERS AND D CULBERTSON, WAYNE 9861 W. SAMPLE RD. / #163 CORAL SPRINGS FL 33065	DIRECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	1235	ADDITIONS/CHANGES TO OFFICE G WILES POAD AL SPRINCES, FL	🙀 Change	S IN 11 Addition
E AE EET ADDRESS (-ST-ZIP	-446	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>. </u>	Change	Addition
e Ee Eet address '-st-zip		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			Change	Addition
e Ie Set address '- St-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			Change	Addition
e Ie Eet adoress '- St- Zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			🗌 Change	Addition
e IE Eet address '~ St- Zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			🗌 Change	Addition
I hereby c indicated of the cor changed,	certify that the information supplied with on this report or supplemental report is poration or the receiver or rulestee empor or on an attachment with an address, w TURE:	this filing does not qualify f true and accurate and that were to secure this lepon ith all other the empowere that the empowere where the empowere the empowere the empower of the empowere the empower of the empower of the empower the empower of the empower of the empower the empower of the empower of the empower the empower of the empower of the empower of the empower the empower of the empower of the empower of the empower the empower of the empower of the empower of the empower the empower of the empower of	ANNE CHUS	d in Sectio ve the sam ter 607, Flo	in 119.07(3)(i), Florida Statutes. I fur le legal effect as if made under oath orida Statutes; and that my name ap 14.29.03, 954.	ther certify that the in that I am an officer pears in Block 10 or 345.82 Daytime Phone #	or director Block 11 if