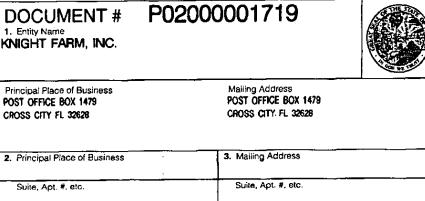
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Country

HIGHWAY 351 SOUTH, HORSESHOE ROAD

6. Name and Address of Current Registered Agent

City & State



City & State

## **FILED** Feb 12, 2003 8:00 am Secretary of State

1/2:

01-28-2003 90067 015 \*\*\*150.00

55006155 CHECK HERE IF MAKING CHANGES Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

CROSS CI	ITY FL 32628	*					
	,	City			FL 2	ip Code	
	e named entity submits this statement for the purpose of changing its re- tions of registered agent.	gistered office or re	gistered age	ent, or both, in the State of Florida.	I am famili	ar with, a	and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	egistered Agent signature	Fequired when rei	nstabrig)	DATE		
Afte	FILE NOW!!! FEE IS \$150.00  r May 1, 2003 Fee will be \$550.00  k Payable to Florida Department of State			9: Election Campaign Financir Trust Fund Contribution.	1 <sup>9</sup> .		) May Be to Fees
10.	- OFFICERS AND DIRECTORS:	11.	AD	DITIONS/CHANGES TO OFFICER	S AND DIR	CTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Delete KNIGHT, DWIGHT POST OFFICE BOX 1479 CROSS CITY FL 32628	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO B	nt. Dwight ox 1503 s City FL 32628	ΣX	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO B	nt, Debbie ox 1503 s City FL 32628		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	— Dēletē " · · · · ·	NAME STREET ADORESS CITY-ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	11TLE NAME STREET ADDRESS CITY-ST-ZIP	-			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	-			Change	Addition
12. I hereby	certify that the information supplied with this filing does not qualify for the	e exemption stated	in Section 1	19.07(3)(i), Florida Statutes. I furth	er certify th	at the in	lormation or director

Country

induction in this report or suppremental report is declared and manny signature shall have the same legal enect as it made under dain; that it am an officer or diffector 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.

SI	Gi	VΔ	TI	J	R	Ë