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2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UER) DOCUMENT # P02000003078				Jan 16, 2003 8:00 am Secretary of State		
	NE, INC.				01-16-2003 90120 034 ***150.00	
	lace of Business	Mailing Address				
4125-3 FOWLER ST. FT. MYERS FL 33912		, 11900 GLEN AVE.			90003467	
		FT. LAUDERDALE FL 33	905			
2 Del in-	181		_ 1			
2. Principal Place of Business		3. Mailing Address		_		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & State City & State					4. FFI Number	
Zip	Country	7:-			80-6005154 Not Applicable	
		Zip l	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
RAY, W	ADE W		Name			
11900 GLEN AVE.			Street .	Street Address (P.O. Box Number is Not Acceptable)		
FT. MYERS FL 33905						
			City			
					FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE						
	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registered Agent signa	ture required w	when reinstating) DATE	
, I Λ#σ	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00				9. Floation Community F	
Make Chec	k Payable to Florida Department of	State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.	OFFICERS AND	DIRECTORS	11.	 _	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	D RAY, WADE W	☐ Delete	TITLE			
STREET ADDRESS	210 TAYLOR ST., UNIT 124	•	NAME STREET ADDRESS	Luga	io Glen Av	
CITY-ST-ZIP	PUNTA GORDA FL 33950		CITY-ST-ZIP		L. Movers El 22905	
TITLE NAME	D DAY LAUDA A	☐ Delete	TITLE		□ Addition	
STREET ADDRESS	RAY, LAURA A 210 TAYLOR ST., UNIT 124		NAME	1100	(N) (C) === N-1	
CITY-ST-ZIP	PUNTA GORDA FL 33950		STREET ADDRESS CITY-ST-ZIP	(1-10	Myers, FL 33905	
TITLE		☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS			NAME		Change Addition	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE			
NAME STREET ADDRESS			NAME		☐ Change ☐ Addition	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		□ Delete	TITLE			
NAME STREET ADDRESS		Duicie	NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS			
TITLE			CITY-ST-ZIP			
NAME		∟ Velete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		∤ .	
0/11-31-ZIP			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

SIGNATURE: