FILED

2003 FOR PROFIT CORPORATION

UNIFORM BUSIN	IESS REPORT	Jan 21, 2003 8:00 am		
	00007589		Secretary 01-21-2003 9019	of State
Principal Place of Business 609 COURT STREET CLEARWATER FL 33756	Mailing Address 609 COURT STREET CLEARWATER FL 33756			111 1111 1111 1111 1111 1111 1111 1111 1111
2. Principal Place of Business 1545 Selcher Fal Suite, Apt. #, etc.	3. Mailing Address 1545 Box Suite, Apt. #, etc.	elcher Rd	_	
			☐ CHECK HERE IF MAR	(ING CHANGES
City & State	City state	<u> </u>	4. FEI Number	L Applied For Not Applicable
33764 Country 6. Name and Address of Curre	- / U T	Country, Nellas	Certificate of Status Desired Name and Address of New Register	\$8.75 Additional Fee Required
	Name	Name / L/A . C		
KRUG, STEWART L			(P.O. Box Number is Not Acceptable)	
609 COURT STREET		Street Address	(F.O. Box Number is Not Acceptable)	
CLEARWATER FL 33756		154	5 3 Belcher	Rel
		City	learwaler 1	FL Zip Code 76 4
The above named entity submits this statemen the obligations of registered agent.	t for the purpose of changing its re	gistered office or registe	red agent, or both, in the State of Florida. I	am familiar with, and accept
the conganions of registered agent.	· cot	<i>-</i>		14/2
SIGNATURE Signature, typed or printed same of registered ag	ent and title if applicable. (NOTE: R	TewarT L egistered Agent signature require		1/16/05
FILE NOW!!! FEE IS \$150.00	-0	ogsicios rigorital gratica roquita	J. Wilding)	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
	ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11
TITLE PARS HUTTU,	☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS 1545 5 Belch	2-Pd	NAME Street Address		
CITY-ST-ZIP C/Earwelen	7	City-ST-ZIP		
TITLE SEC-TP.	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS STEWART LK	PUD- 0.1	NAME STREET ADDRESS		
CITY-ST-ZIP	2/ 3326 L	CITY-ST-ZIP		
TITLE V. Pres.	☐ Delete	TITLE		☐ Change ☐ Addition
NAME DAVID Walne	7 11	NAME		
STREET ADDRESS 1545 5 Belo		STREET ADDRESS CITY-ST-ZIP		
TITLE TELEVILLE	. <i>9ℓ 3306</i>	TITLE		☐ Change ☐ Addition
VAME	- Delete .	NAME		☐ Change ☐ Adultion
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition I

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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Addition

☐ Change