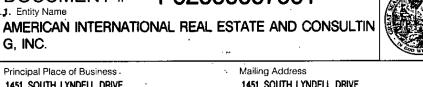
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P02000007901 **DOCUMENT #**



## **FILED** Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90048 025 \*\*\*150.00

				`	GOO WE TO						
Principal Place of 1451 SOUTH LYI KISSIMMEE FL 3	NDELL DRIVE	1451 8	Mailing Address 1451 SOUTH LYNDELL DRIVE KISSIMMEE FL 34741								
2. Principal Plac	ce of Business	3. Maili	ng Address			1			<b>      </b>		
Suite, Apt. #,	etc.	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City (	City & State			4. FEI Number Applied Fo			plied For at Applicable		
Zip	Country	Zip	Zip Co		ountry 5		Dertificate of Status Desired	, ,,	8.75 Add	litional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
	0		- 7 - 3	Na	me		<u> </u>	<u> </u>	<u> </u>		
MATTINI, LINDA S				Str	eet Address	(P.O. B	ox Number is Not Accepta	plę)			
1451 SOUTI	H LYNDELL DRIVE FL 34741				· · · · · · · · · · · · · · · · · · ·					• *	
				Cit				FL	Zip Cod		
	amed entity submits this statements of registered agent.	ent for the purpo	ose of changing its	registered off	ice or registe	red ag	ent, or both, in the State of	Florida. I am fa	ımiliar with,	and accept	
SIGNATURE	gnature, typed or printed name of registered	agent and title if appli	cable. (NOTI	E: Registered Ageni	t signature require	d when re	einstating)	DATE			
ے FIL After N	E NOW!!! FEE IS \$150.00 lay 1, 2003 Fee will be \$550	0.00					9. Election Campaign Trust Fund Contribu			<b>0</b> May Be I to Fees	
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11.						40	L DITIONS/CHANGES TO C	EEICEDE AND	DIDECTOR	2 IN 11	
10.	4444	AND DIRECTOR	-2	11.		AD	DITIONS/CHANGES TO C	FFICERS AND		Addition	
STREET ADDRESS 1	) Mattini, linda s 1451 south Lyndell driv Kissimmee fl 34741	E	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZII					☐ Change	Advalon	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADD CITY-ST-ZII					☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	rtify that the information supplied		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZII	>				☐ Change	☐ Addition	

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:** 

LINDA 5 MATTINI - 01-06-2003