2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000008364

1. Entity Name



FILED Mar 24, 2003 8:00 am § Secretary of State

RNECS I	NC						03-24-2003 9023	0 013 130	.00	
Principal Place of Business 5161 NORRIS LAKE COURT MULBERRY FL 33860		5161	Mailing Address 5161 NORRIS LAKE COURT MULBERRY FL 33860		 	BBAN BBAN IZIRO NUID	BIIII BIBI IBBI			
2. Principal Place of Business			3. Mai	3. Mailing Address						
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			4. FELNumber 03-0376026		pplied For ot Applicable	
Zip		Country	Zip		Countr	ry	5. Certificate of Status Desired	\$8.75 Ad Fee Require		
	6. Name	and Address of Curren	t Registere	d Agent	-	Name	7. Name and Address of New Registe	red Agent		
TITUS, DA	AVF				L	ramo	,			
5161 NORRIS LAKE COURT						Street Address (P.O. Box Number is Not Acceptable)				
MULBERRY FL 33860							• •			
						City		FL Zip Coo		
	e named entity tions of regist		or the purp	ose of changing its r	egistered	d office or register	ed agent, or both, in the State of Florida. I	am familiar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered ager	and title if app	ficable. (NOTE:	Registered .	Agent signature required	when reinstating) D	ATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
10.		OFFICERS AND	DIRECTO	RS	11.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
TITLE	CEO			☐ Delete	TITLE	İ		☐ Change	☐ Addition	
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12. I hereby certify that the information supplied with this filling 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. Dovid C.T. tus

SIGNATURE: