FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# POZOOOOB478



FILED Apr 21, 2004 8:00 am Secretary of State

04-21-2004 90040 047 ***150.00

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	DO NOT WRITE	IN THIS SP	ACE	94058554	
	ace of Business 3 o y 15 2 1 2 #, etc.	3. Mailing Address Suite, Apt. #, etc.	15/5	DO NOT WRITE IN THIS SPACE	
City & State	<i>I</i> . <i>I</i> . '	City & State Ternandy	Boach Country	4. FEI Number Applied Fr. Not Applied Pr. Not Applied Pr.	
3203		35032-3104	<u> </u>	5. Certificate of Status Desired See Required 7. Name and Address of Current Registered Agent	
DO NOT WRITE Street Address (P.O. Box Number, is Not Acceptable).					
IN THIS SPACE City Fernanding Black FL 32034					
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, type of or printed plane of registered agent and title if applicable (NOTE: Registered Agent signature required wheth reinstating) DATE OPEN OPE					
	uary // May 1 Fee is \$190.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee	
10.	OFFICERS AND	DIRECTORS	the second second		78 P
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 th, Javany h	°. Er 5503 ₹	NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jan H. Robert Co. 1306 Rtluticher Formenhan Bend	n FL 33030.	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Smith Barbary J. 1306 Atlante Arco Farramano Band	w. Fl_ 330 34	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE	Or and the second
TITLE NAME STREET ADDRESS	Transportation of the		TITLE NAME NAME STREET ADDRESS	IN THIS SPACE	
CITY-ST-ZIP TITLE			CTY-ST-ZIP		
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TITLE NAME STREET ADDRESS		·	TITLE NAME STREET ADDRESS		*
CITY-ST-ZIP	pertify that the information supplied with	this filing does not qualify for t	CITY-ST-ZIP	Section 119 07(3)(i) Florida Statutes I further certify that the informat	ion

Indicated on this report or supplied with this ning does not quality for the exemption stated in Section 119.07(3)(1), 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 on an attachment with an address, with all other like empowered.