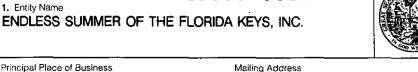
FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90070 028 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000016387 DOCUMENT #



					155				
Principal Place 172 INDIAN & TAVERNIER F		172 1	g Address NDIAN MOUND TRAIL RNIER FL 33070						
2. Principal Place of Business 172 100 an Mound Trail Suite, Apt. #, etc.									
Suite, Apt.	#, etc.	Built	e, Apt. #, etc.			CHECK HERE	F MAKING CHAN	IGES	
City & Stat	guer Al	ity & State			. FEI Number		Applied For Not Applica	_	
33070V	Country	USPC Zip	BBOTO	Country	5.	. Certificate of Status Desired		5 Additional equired	
	6. Name and Addres	s of Current Registere	d Agent	Name	7.	Name and Address of New	Registered Agent		= -
HAMPSON, JACKIE					N/A				
172 INDIAN MOUND TRAIL					Street Address (P.O. Box Number is Not Acceptable)				
TAVERNIE	ER FL 33070					4-77-		,	
ء ِ				City			FL Zip	Code	
	named entity submits this tions of registered agent.	statement for the purp	ose of changing its re	gistered office or	registered a	agent, or both, in the State of Fl	orida. I am familiar	with, and acce	pt
	;								
SIGNATURE	Signature, typed or printed name of	registered agent and title if appl	ficable. (NOTE: R	legistered Agent signatu	re required wher	n reinstating)	OATE		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9: Election Campaign Fi Trust Fund Contribution		\$5:00 -May B Added to Fees	e
10.		FICERS AND DIRECTO	RS .	11.		ADDITIONS/CHANGES TO OF	FICERS AND DIREC	TORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES	SIDENT HAMPSON Indian Moun ernier, FL	□ Ch		tion
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	JAC 172	KIE HAMPSM Indian Mani	£., 010	ange 🖬 Addit	ion
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u></u>	Shirty FC 3	□ Cha	ange 🗀 Additi	ion
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	ange	ion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP			Cha	ange 🔲 Additi	ion
TITLE		-	☐ Delete	TITLE			☐ Cha	ange 🔲 Additi	ion

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 anaddress, with all other like empo

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP