## FILED Jan 13, 2003 8:00 am

## **2003 FOR PROFIT CORPORATION**

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DOCU 1. Entity Nat 695ONLI			*****	Secretai 01-13-2003 90	-					
Principal Place of Business 435 SOUTH RIDGEWOOD AVE 435 SOUTH RIDGEWOOD AVE 202 DAYTONA BEACH FL 32114 Mailing Address 435 SOUTH RIDGEWOOD AVE 202 DAYTONA BEACH FL 32114										
2. Principal Place of Business 1104 Reville Rd 3. Mailing Address					<del></del>	T ACCUMENT AND COMPANY CONTRACTOR OF THE CONTRACTOR CON				
Suite, Apt	t. #, etc.	Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & Sta	<b>Y</b> / <b>-</b> .	City & Sta	City & State			4. FEI Number Applied For Not Applicable				
32//	Country Country	Zip		Country		<b>5.</b> Ceri	tificate of Status Desired	□ \$8.75 Fee Requ	Additional uired	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
CDADDOCK SVIMA					Name					
CRADDOCK, SYLVIA 435 SOUTH RIDGEWOOD ABE					Street Address (P.O. Box Number is Not Acceptable)					
202							·		<del></del>	
¿ DAYTONA BEACH FL 32114					у	,		FL Zip C	ode	
SIGNATURE F	Signature, tyled or printed name of registered age FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	)	(NOTE:	Registered Agent	t signature required		9. Election Campaign Finan- Trust Fund Contribution.	— <i>—</i>	5.00 May Be ded to Fees	
10.	OFFICERS AN	D DIRECTORS		11.		ADDIT	IONS/CHANGES TO OFFICE	RS AND DIRECTO	DRS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CRADDOCK, ROBERT L 435 SOUTH RIDGEWOOD AVE. DAYTONA BEACH FL 32114		□ Delete	TITLE NAME STREET ADDI CITY-ST-ZIF	RESS   189:	<i>de</i> lec 3 Spr	ky Robert L ruce Creek Blo Beach, FC	ed €. 3 2 2 8	e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CRADDOCK, JOSEPH E 435 SOUTH RIDGEWOOD AVE. DAYTONA BEACH FL 32114		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	CFO Cran	, ddock 1 Bon	Green E. Vistast.	<b>D</b> Chang	e 🔲 Addition	
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NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	RESS		,	☐ Change	e 🔲 Addition	
ITLE IAME STREET ADDRESS SITY-ST-ZIP			Delete	TITLE NAME STREET ADOR CITY-ST-ZIP	ESS			☐ Change	Addition	
ITLE IAME			] Delete	TITLE				☐ Change	☐ Addition	

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 eport 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 effect like empowered.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

SIGNAD RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR