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

## May 14, 2003 8:00 am Secretary of State

DOCU	MENT # P0200					2 <b>3-</b> 2003 9013		150.00	
STONEW					556408	8 <b>41</b>			
Principal Plac 489 W HOLLY ORANGE CITY		Mailing Address 489 W HOLLY DR ORANGE CITY FL 32763			: 				
2. Principal F 605 Suite, Apt.	Place of Business HICK MAN CIRCLE . #, etc.	3. Mailing Address P.O. Box Suite, Apt. #, etc.	740000	, O		K HERE IF MAKI		<b>8881 818 888</b>	
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3277	11 Seminale	32774	Country VOLUSI	А	5. Certificate of Status		\$8.75 Add Fee Require	ditional	1
	6. Name and Address of Current	Registered Agent			7. Name and Address	of New Registere	d Agent		1
			= Name						1=
SPIEGEL & UTRERA, P.A.			Street A	ddress (P	O, Box Number is Not A	cceptable)			}
4TH FLO	22ND ST. Or	•	<del>                                     </del>			<del></del>	•		
MIAM) FL	. 33145		City		<del></del>	F	L Zip Cod	le	1
	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or	r registere	d agent, or both, in the St	ate of Florida. I a	n familiar with,	and accept	
			egistered office or		· 	ate of Florida. I a		and accept	
the obligat SIGNATURE F	tions of registered agent.	nd title if applicable. (NOTE:			· 	paign Financing	\$5.0	May Be	
the obligated SIGNATURE FAIter Make Check	Signature, typed or printed name of registered agent a FILE NOW!!! FEE IS \$150.00 or May 1; 2003 Fee will be \$550.00 k Payable to Florida Department of	ond title if applicable. (NOTE:	Registered Agent signed		9. Election Cam Trust Fund Co	DATE paign Financing ontribution.	\$5.0	May Be	
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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 shell 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: \( \)

NAME

STREET ADDRESS

CITY-ST-7IP