## **FILED** Jan 23, 2003 8:00 am

**Secretary of State** 

01-23-2003 90054 005 \*\*\*158.75

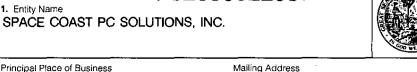
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## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P02000022557

1. Entity Name





1590 THOREAU STREET 1590 THOREAU STREET TITUSVILLE FL 32780 TITUSVILLE FL 32780 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip. Country Country

CHECK HERE IF MAKING CHANGES

5. Certificate of Status Desired Fee Required

Applied For Not Applicable \$8.75 Additional

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

**BUSINESS FILINGS INCORPORATED** 1000 WEST AVENUE SUITE 1114 MIAMI BEACH FL 33139

SIGNATURE

	 Name a	na Adaress	OT NEW	Registered	Agent
Name					

01-06/9795

4. FEI Number

Street Address (P.O. Box Number is Not Acceptable)

City Zin Code

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.	am familiar with,	and accep
	the obligations of registered agent.		

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P, T, S, D ☐ Addition TITLE ☐ Delete TITI E SABLJAK, STEPHEN R NAME NAME STEPHEN K. SABLIAK 1590 THOREAU STREET STREET ADDRESS STREET ADDRESS TITUSVILLE FL 32780 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Dělete 📑 🗝 TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

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☐ Delete TITLE

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NAME. STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME