FILED P02000030978

4. FEI Number

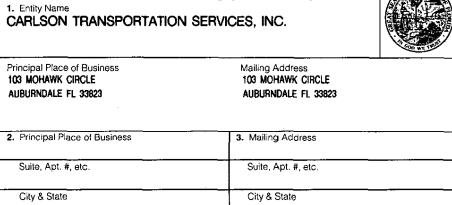
5. Certificate of Status Desired

Apr 22, 2003 8:00 am Secretary of State

04-22-2003 90070 004 ***150.00

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

DOCUMENT #



Zip

|--|--|--|--|

CHECK HERE IF MAKING CHANGES

DATE

3626798

6. Name and Address of Current Registered Agent. CARLSON, ROBERT W 103 MOHAWK CIRCLE

AUBURNDALE FL 33823

Name			
Street Address (P.O. Box Number is Not Accep	otable)		
City	FL	Zip 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. I am familiar with, and accept the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

Country

SIGNATURE

Zip

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Signature, typed or printed name of register

Country

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Fee Required

Not Applicable

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change ☐ Addition ☐ Delete CARLSON, ROBERT W NAME NAME STREET ADDRESS 103 MOHAWK CIRCLE STREET ADDRESS **AUBURNDALE FL 33823** CITY-ST-ZIP CITY-ST-ZIP Addition STD TITLE ☐ Delete TITLE ☐ Change CARLSON, KELLIE R NAME NAME 103 MOHAWK CIRCLE STREET ADDRESS STREET ADDRESS AUBURNDALE FL 33823 CITY-ST-ZIP CITY-ST-ZIP-☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 an address. changed, or on an attachment with with all ot

SIGNATURE: