## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED** Feb 11, 2003 8:00 am Secretary of State 02-11-2003 90063 027 \*\*\*150.00

1. Entity Name		P020000394	403	/						
	00 NO	T WRITE			CE		•	,		
2. Principal Pla 27016 Suite, Apt. #	ace of Business AShley 7 *, etc.	Maria Ct.	3. Mailing Add 2701 / Suite, Apt. #		Naria L	+.	DO NOT WRITE IN	THIS SPAC		
City & State	en	FL.	City & State	iew F	L,	( <b>4</b> .1	FEI Number 03-0420226		Applied For Not Applicable	
210570	-6381 8	Country 005a	32539		Country	.1		Fee	75 Additional Required	
					Name _		ame and Address of Current Reg	stered Age	ent	
DO NOT WRITE					S S	Street Address (P.O. Box Number is Not Acceptable)				
		THIS SE				-	shley Maria	<sup>7</sup> +.		
							25- View FL 32539			
8. The above	named entity su	brnits this statement fo	or the purpose of o	changing its reg	istered office or	registered ag	gent, or both, in the State of Florida	. I am famili	ar with, and accept	
the obligati	ions of registere	d agent.					8-Febr		·	
SIGNATURE .		rinted name of registered agent	and title if applicable	(NOTE: Re	gistered Agent signatu	re required when	reinstating)	DATE		
	After May 1, F Amended UI	1 Fee is \$150.00 ee is \$550.00 3R is \$61.25 orida Department o	/ Stale				<ol> <li>Election Campaign Financi Trust Fund Contribution.</li> </ol>	ng 🗆	\$5.00 May Be Added to Fees	
(10.		OFFICERS AND			den e					
NAME STREET ADDRESS CITY-ST-ZIP	pres Stepher	n C. Metrick	c		TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					TITLE					
CITY-ST-ZIP					TITLE				1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
STREET ADDRESS CITY-ST-ZIP			<del>, , , , , , , , , , , , , , , , , , , </del>		NAME STREET ADDRESS CITY ST-21P	ngaya n ngairi.	DO NOT V	/RIT	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					TITLE NAME STREET ADDRESS CITY ST-ZIP		IN THIS S	PACI		
TITLE NAME STREET ADDRESS CITY-S1-ZIP					TITLE NAME STREET ADDRESS CITY ST-ZIP					
TITLE NAME STREET ADDRESS					TITLE, NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby indicate of the co	certify that the i	nformation supplied w or supplemental report e receiver or trustee er	ith this filing does is true and accur npowered to exec	not qualify for the rate and that my oute this report	ne exemption sta signature shall as required by (	ated in Section have the same Chapter 607,	on 119.07(3)(i), Florida Statutes. I fu he legal effect as if made under oat Florida Statutes; and that my name	rther certify n; that I am appears in	that the information an officer or director i Block 10 or on an	

attachment with an address, with all other like empowered.

SIGNATURE: Stycker

8 - February - 2003

(850)687-2209