FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P020000 4285)



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1. Entity Nam	ls Lava care In	ر			U3 APR 21 AH 10: 03	}
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	interalling of the tradition of the control of the	disalah di salah di s				
•	Place of Business	3. Mailing Address	<u> </u>			
10015 17 Suite, Apt.	Lickory Hollow Rd	Suite Ant # ato		DO NOT WRITE IN THIS SPACE		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Sane		DO NOT WRITE IN THI	5 SPACE
City & Star	_ `	City & State			I Number	Applied For
<u>Leus D1</u> Zip	Country	Zip	Country	<u> </u>	4-3682024	Not Applicable
 34788	1 3	2.15	Country	5. C	ertificate of Status Desired	\$8.75 Additional Fee Required
	ing a samulan sa		Namo	7. Nan	ne and Address of Current Register	red Agent
	DO NOT W	/DITE	Name		۱ <u>۲</u>	
Towns 15 Miles	DO NOT V		Street Addres	s (P.O. Bo	x Number is Not Acceptable)	
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	e named entity submits this statement tions of registered agent.	for the purpose of changing	its registered office or regis	stered age	nt, or both, in the State of Florida. I an	n familiar with, and accept
	m 1 0	0			11/0	150
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (No	OTE: Registered Agent signature requ	ired when rein	stating) DATE	03
	nuary 1 - May 1 Fee Is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department	of State	· · · · · · · · · · · · · · · · · · ·	-e	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AN	50 Sept. 10		The state of the state of		
TITLE	Director		TITLE			
NAME STREET ADDRESS	Alan Brower 1001s Hickory Hollow &	ર ે	NAME STREET ADDRESS	A Control of the Cont	6000163252	4 6
CITY-ST-ZIP	Leesburg Fl. 34788	•	CITY-ST-2IP		6000163252 4/18/0301058013	**150.00
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CITY-ST-ZIP			CITY-ST-ZIP	د. افعال برايا العدران بارايا		

12. Thereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

CR2E034B (12/02)