FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2003

FILED Apr 21, 2003 8:00 am Secretary of State

DOCU 1. Entity Nam	MENT # PO20000	79280 Dare. V		04-21-2003 91062 031 ***150.00
1.0	DO NOT WRITE	IN THIS SI	PACE	3UU39770
	Place of Business 74 C4+1 57.	3. Mailing Address		
Suite, Apt.		Suite, Apt. #, etc.	***************************************	DO NOT WRITE IN THIS SPACE
City & Stat	e MARA FL	City & State		4. FEI Number O/-0674084 Applied For Not Applicable
Zin 769	,,,4	Zip	Country	5. Certificate of Status Desired Security Securi
	The state of the s		<u> </u>	7. Name and Address of Current Registered Agent
	DOMOTIVE		Name 30M47	HOW TAROSTE
		Section 1. The section of the sectio		PO. Box Number is Not Acceptable)
N	IN THIS SP	ACE		
			City SAFETY	Hanson FL Zin Code 35
8. The above	named entity submits this statement for	r the purpose of changing its	registered office or register	ed agent, or both, in the State of Florida. Fam familiar with, and accept
the obligat	ions of registered ageny.	1/1	-	
SIGNATURE	Signature, typed or philad traine of registored agost a	And title (Applicable (NOTI	E: Registered Agent signatura required	when reinstating) DATE 4111/15-2
Jar Jar	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 :		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
	After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of OFFICERS AND I	1550 an 6251		
Make Check 10.	After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	1550 an 6251	JULE: TO	Trust Fund Contribution. Added to Fees
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12. Thereby 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 effort as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or gn an attachment with an address, with all other like empowered.

SIGNATURE:>

IGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER ORTHRECTO

4/11/03

(727)510-353**9**