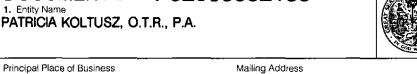
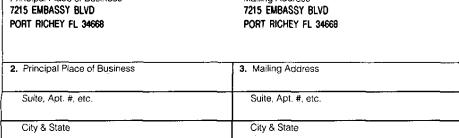
04-03-2003 90183 015 ***150.00

FILED Apr 03, 2003 8:00 am Secretary of State

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

P02000052153 DOCUMENT #





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2. Thicipal Flace of Dusiness		J. Maling Address				
Suite, Apt. #, 6	efc.	Suite, Apt. #, et	c.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State			4. FEI Number 01-07-28-36	Applied For Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New			7. Name and Address of New Re	gistered Agent		
BIGELOW, KRISTINE M 6630 EMBASSY BLVD PORT RICHEY FL 34668			Name Street Address (P.O. Box Number is Not Acceptable)			
				City		FL Zip Code
the obligations	med entity submits this statem s of registered agent. nature, typed or printed name of registered				istered agent, or both, in the State of Flor	DATE
	NOW!!! FEE IS \$150.0 ay 1, 2003 Fee will be \$55	· I			9. Election Campaign Fine	

			
· · ·	FILE NOW!!!	FEE IS \$150.00	
	* After May 1, 2003	FEE IS \$150.00 Fee will be \$550.00	
		Florida Department of	State

Trust Fund Contribution.

Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change ☐ Addition KOLTUSZ, PATRICIA NAME NAME 7215 EMBASSY BLVD STREET ADDRESS STREET ADDRESS **PORT RICHEY FL 34668** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE _-🖚 🗖 Delete 🗢 🖚 TITLE : Addition_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: