2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED Feb 24, 2003 8:00 am Secretary of State

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEER, DARRELL 1987 LAKE EMMA RD. LONGWOOD FL 32750 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 a the obligations of registered agent, when or operated agent and late if applicable. Signature, when or operated agent and late if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. SIREFIADDRESS 1997 LAKE CHANA DO Street Address of New Registered Agent For Required Agent File Now III for State of Florida. I am familiar with, and a state of Florida. I am familiar with and a state of Florida. I am familiar with and a state of Flori	d For
Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES	d For
City & State Country Zip Country 5. Certificate of Status Desired \$8.75 Addition Fee Required Fee Required Fee Required Fee Required 7. Name and Address of New Registered Agent Name DEER, DARRELL 1987 LAKE EMMA RD. LONGWOOD FL 32750 City FL Zip Code 8. The above named antity 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 a state of registered agent. SIGNATURE Signature Signature or printst name of registered agent and site if applicable. (NOTE, Registered Agent signature registering when reinstating) After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: NAME DEER, DARRELL Country 5. Certificate of Status Desired \$8.75 Addition \$5.00 Maxed \$6.00 miles \$6.00 miles	plicable
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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 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 o	

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/03 407-331-7998

Daytime Phone II