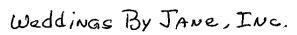
## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0200064418





## FILED Mar 08, 2004 8:00 am Secretary of State

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54015343 2. Principal Place of Business 3. Mailing Address 8727 BAY CREST LANE 8727 BAY CREST LANE DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For TAMPA, FL TAMPA, 04-3687924 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 336/5-4407 33665-4407 USA Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE City 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 accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE TITLE HUTEK, JANR NAME NAME 8727 BAYCRESTLANE STREET ADDRESS STREET ADDRESS TAMPA, FL 33615-4407 CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Hutek, Charles 8727 Bay Crest LANE TAMPA, FL 33615-4407 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby 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 on an attachment with an address with all other like empowered.

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 M AR 04

(813) 885-4031

Daytime Phone #

CR2E034B (12/02)