2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DOCUI 1. Entity Nam		SS REPORT 0067473	ATION (UBR)		FILE Jul 24, 2003 Secretary 6 07-24-2003 90117 02	8:00 a of Stat	te
Principal Place Statement	H65 Mead Dr. Sess Oviedo, Fr. 32765 Ace of Business Mead Dr.	Oviedo, FC	Box 62 32762 62132	2-1328	CHECK HERE IF MAKI	NG CHANGES	
City & State OU Zip	edo, Te.	City & State O Vi coo, T	Country	0	Number 2 - 0621526 tificate of Status Desired	←— —	oplied For ot Applicable ditional
-3271	6. Name and Address of Current	32162-1328-	<u>u.s.f</u>	<u> </u>	ne and Address of New Registere	Fee Require	d d
WATKINS, 5103 MEN TAMPA FI	, CARL T MORIAL HWY.	Name Street Address (P.O. Box Number is Not Acceptable)					
		•	City		F	Zip Cod	e
the obligat	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent as ILE NOW!!! FEE-IS \$550.00	id title if applicable. (NOTE: F	egistered office or r			Ē	and accept
	ptember 10, 2003 Fee will be \$750. Payable to Florida Department of				Trust Fund Contribution.		to Fees
10.	OFFICERS AND D		11.	ADDI	TIONS/CHANGES TO OFFICERS A		
NAME' STREET ADDRESS CITY-ST-ZIP	SZELE, GWENDOLYN 508-GREG-ST. VALRICO FL 33595	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SZEL 465 M	سسم ويسانده مسدا	Change	Addition
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TITLE NAME		Delete	TITLE NAME			☐ Change	Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: