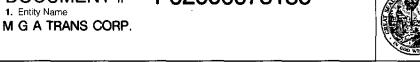
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

P02000075136 **DOCUMENT #**





Principal Place of Business 4217 17TH AVE N

Mailing Address 4217 17TH AVE N





21 PETERSBO	NG PL 33/13		ST PETEROBURG FL 33/1	SI PETERSBURG FL 33/13						
2. Principal Place of Business			3. Mailing Address	3. Mailing Address			BB481 B4811 8 81	#1 #1 U U		
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State			City & State	City & State		4. FEI Number # 41 - 2050397 Applied For Not Applicable				
Zip		Country	Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					~ 7.	Name and Address of New Re	gistered A	gent **	,	
WATHAY AFTOLINA						•				
	GERTRUD/	4		Street Address		(P.O. Box Number is Not Acceptable)				
4217 17TH				<u> </u>						
ST PETER	SBURG FL	33713 🐈								
		, , , , , , , , , , , , , , , , , , ,		City			FL	Zip Co		
8. The above	named entity ions of registe	submits this statemen	nt for the purpose of changing its	registered office o	r registered aç	gent, or both, in the State of Flori	da. I am fa	miliar with	and accept	
ine obligat	M	1 20 1	Man	0.6 110	4.0.00	4-1	4-03			
SIGNATURE A	Signature, typed	Our #UO 2 cor printed name of registerd a		AN WO S		·	DATE			
, F	I F NOWII	FÈE IS \$150.00								
After May 1, 2003 Fee will be \$550.00						 Election Campaign Fina Trust Fund Contribution. 			00 May Be d to Fees	
		Florida Departmer				rust rund Continbution.	Ш	Auge	u to rees	
10.	· · · · ·	OFFICERS A	ND DIRECTORS	11.	Al	ODITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 11	
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	WOZNIAK,			NAME						
	4217 17TH ST PETERS	BURG FL 33713		STREET ADDRESS CITY-ST-ZIP						
TITLE	s	·	□ Delete	TITLE			~_	☐ Change	☐ Addition	
		GERTRUDA		NAME						
	4217 17TH			STREET ADDRESS						
	ST PETERS	BURG FL 33713		CITY-ST-ZIP						
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ATRCET ARROTOR				_						
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

MANGUATUBEESOUMARING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR