

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amended
03 JUL 10 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 05-0569378 Applied For
59-3841978 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAAS, GLENN A
8923 S. DEERSTALKER TERRACE
INVERNESS, FL 34452

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
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 accept the obligations of registered agent.

SIGNATURE Wendy A. Waas VP 7/8/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing: \$5.00 May Be
Trust Fund Contribution: ☐ Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	Director	☐ Change ☒ Addition
NAME	WAAS, GLENN A		NAME	Phillip J. Steinhauer	
STREET ADDRESS	8923 S. DEERSTALKER TERRACE		STREET ADDRESS	580 Kuhn Lane	
CITY-ST-ZIP	INVERNESS, FL 34452		CITY-ST-ZIP	Lecanto, FL 34461	
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WAAS, WENDY A		NAME		
STREET ADDRESS	8923 S. DEERSTALKER TERRACE		STREET ADDRESS		
CITY-ST-ZIP	INVERNESS, FL 34452		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME	300021569063	
STREET ADDRESS			STREET ADDRESS	07/15/03--01057--006	**70.00
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		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Wendy A. Waas VP 7/8/03 (352)637-9665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (10/02)

7/7/10