FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # PO200083435 1. Entity Name Capital Tuve somen to ove Corp

## FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90172 026 \*\*\*150.00

DO NOT WRITE IN THIS SPACE			90032325
2. Principal Place of Business 3832 /0/0	3. Mailing Address Beyneado	o Dd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	vs ra	DO NOT WRITE IN THIS SPACE
City & State Jack & SONVIlle	City & State	32241	4. FEI Number 56-2284430 Applied For Not Applied
Zip32241 CountrySA	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
energia de la companya della companya della companya de la companya de la companya della company	n v support in a proposition of the proposition of the contract of the contrac	N	7. Name and Address of Current Registered Agent
DO NOT	WDITE	Name JE	FFREY GLENN
<b>高工业等的企业的企业企业企业企业企业企业企业</b>	en englet ingente lørte bligere bliger bligere bligere.	Street Address	S (P.O. Box Number is Not Acceptable)
IN THIS	SPACE'	Q. le	205
		City H	Zip Code (1)
8. The above pamed entity submits this statem	ent for the purpose of changing its	A STATE OF THE STA	ered agent for both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.	endid the buildage of changing its	registered office of registe	ared agent or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Meller.		2/20/2003
Signature, typed or printer fair 15 150.0	THE DESCRIPTION OF THE PROPERTY AND PARTY.	: Registered Agent signature require	ed when reinstating) DATE
After May 7, Fee is:\$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Departme			9. Election Campaign Financing Trust Fund Contribution. S 5.00 May Be Added to Fees
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	neadows Rd	CITY: ST-ZIP	
IMLE Suide 205	rea per un 3 /(u)	HILE	
NAME J. J.	D. TI 200/11	NAME	
STREET ADDRESS Jackson VI L	CR, 1-2 52291	STREET ADDRESS CITY-ST-ZIP	
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CITY-ST-ZIP Prailing Gal	Mer Jo	CITY-ST-ZIP	DO NOT WRITE
TITLE 38 32 /010 /	Baymon Soux	TITLE	IN THIS SPACE
STREET ADDRESS Rd. Swite 20	- Commences	NAME Street address	
CITY-ST-ZIP Lackeon &	Baymeadous Ne, FL 32241	CITY-ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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CITY-ST-ZIP		CHTY-ST-7IP	

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 accordate 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.

SIGNATURE: \_\_\_\_s

SIGNATURE AND TAPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Pres. 2/20/03

Daytime Phone #