2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 09, 2003 8:00 am Secretary of State 05-05-2003 90369 024 ***150.00

1. Entity Nan	MENT# PU2UI	JUUE	34973 (V				,		
Principal Place of Business		Mailing Address				7		٠,		
931 SR 434 #201 ALTAMONTE SPRINGS FL 32714		931 SR 434 #201 ALTAMONTE SPRINGS FL 32714				44003799				
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2. Principal F	Mace of Business	3. Mailing Address				1				J
Suite, Apt. #, etc.		Suite, Apt. #, etc.				-	CI CUCAY DEDC IS MAYING O			
							☐ CHECK HERE IF MAKING CHANGES			
City & Stat	16	City & State				4.	4. FEI Number Applied For Not Applied For Not Applied For			
Zip Country		Zip C		Cour	Country		5 Cartificate of Status Decired S8.75 Additional			
	R. Name and Address of Curren	Dogleton	and Agona		,	ــــــــــــــــــــــــــــــــــــ		Require	ed	4
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent Name				
AZAR, FRANK L					Chart Andreas	(00.1	On the state of th			4
931 SR 4		Street Address			Box Number is Not Acceptable)			}		
ALTAMONTE SPRINGS FL 32714										1
			-		City		FL	Zip Coo	ie	1
8. The above	named entity submits this statement f	or the nurr	nose of changing its	enister	ed office or registe	erect or	gent, or both, in the State of Florida. I am fam	liar with	and second	4
	tions of registered agent.	puip	out of Grounging to .	og.sto.	ad office of region	nou eş	gent, or both, in the State of Fonda. Tall land	INCH WILL!	and accept	
SIGNATURE .				_						}
	Signature, typed or printed name of registered agen	and title it epi	plicable. (NOTE:	Registero	ad Agent signature requir	ed when s	reinstating) DATE]
<u>ئۇ</u> . Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o			_			9. Election Campaign Financing Trust Fund Contribution.	\$5. 0	00 May Be d to Fees	
10.	OFFICERS AND	DIRECTO		11.		Αſ	DDITIONS/CHANGES TO OFFICERS AND DI	RECTOR	S IN 11	1:
TÎTLE NAME	P AZAR, FRANK L		Deleta	πτι	· .			Change	Addition A	8
STREET ADDRESS	931 SR 434 #201				EET ADDRESS		}			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 3271	4		CITY	-ST-2IP					CR2E034 (10/02)
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ILLTE			Delete	TITLE			`	Change	☐ Addition	1
NAME			ELS OBIOR	NAM				VIII.		1
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CNY-ST-ZIP		<u> </u>			-ST-ZEP					
12. I hereby of indicated of the correction changed,	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address.	this filing true and owered to with all off	does not qualify for t accurate and that me execute this report a er like empowered.	he exer signat requir	mption stated in Source shall have the red by Chapter 60	ection same l 7, Flori	119.07(3)(i), Florida Statutes, I further certify the legal effect as if made under cath; that I am a lida Statutes; and that my name appears in Blo	nat the in a officer ck 10 or	nformation or director Block 11 if	-
SIGNAT	URE: _ GIGINAN	119/			-Frankl		zar 4-28-2003			
	SIGNATURE AND TYPED OR		E OF SIGNING OFFICER OF	DIRECT	OR /			Phone #		1