## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 02, 2003 8:00 am Secretary of State

5/5/

Principal Place of Business   Mastrop Address   2000 N.E. SR. 69   BLOUNTSTOWN PL. 32494   BLOUNTSTOWN	1. Entity Nan	MENT # P0200 .ogging, inc.	05-05-20	03 90294 (	)46 **	*150.00				
BLOWNSTOWN FL 2024  2. Principal Place of Business  3. Mailing Address  Suite, April 4, vio.  City & State  Country  Country  Sine Address of Country  City & State  City					<u></u>		0001		•	
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Document	Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
S. Certificate of Status Destree   For Repulsed   F	City & Stat	te	City & State				0			
HALL MARGARET 3. 21001 N.E. S.R. 69 BLOUNTSTOWN FL 32424  City FL Zip Code  8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I	Zip	Country Zip		Country						
HALL, MARGARET J. 21001 N.E. S.R. 69 BLOUATSTOWN FL 2424    City   FL   Zip Code   City   Tip Cit		6. Name and Address of Current I	Registered Agent		Name	7. Name and Address of New Re	gistered Age	11		
BLOUNTSTOWN FL 32424    City   FL   Zip Codd	HALL, MARGARET J			·ø-	g = <del> </del>					
Experience of 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    Signature   Signature   Note   Signature   Signat	<b>}</b>				Street Address (P.O. Box Number is Not Acceptable)					
B. 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    Superior Typic or printed nome of impostered agent with its facestable. (NOTE Registered Agent signature required when remaining)   DATE	BLOUNTSTOWN FL 32424			• !						
The obligations of registered agent.  SIGNATURE  Sequence, speak or private forms of registered agent and site if accretable.  PRILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Psymbile to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  Change  Addition  Change  Addition  Change  Addition  Addition  Addition  Change  Change  Addition  Change  Change  Change  Addition  Change  Chan	· ·				City		FL	Zip Cod	le	
Superior in product of implement all productions (NOTE Progression Apper signature required when invasitation)   DATE										
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CITY-ST-ZIP  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that I am an officer or director.		Partify that the information auralian with	his filling does not available for the	┗		tion 110 07(2VG) Florida Contida a La	ether acrife d	a) 45 a :-		

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.