FILED Mar 17, 2003 8:00 am Secretary of State

2003	FUK	PKŲFII	CURPUI	MULIAN
UNIFO	RM B	USINES:	S REPOR	RT (UBR)

DOCU 1. Entity Nan GLUMAC	ne	# P02	200008	8944				, 02-03-200	3 90151 ()45 *	**150.00	
Principal Place of Business Mailing Address 3852 FOX ROAD 3852 FOX ROAD PACE FL 32571 PACE FL 32571							A HARMETA INI BENE JIRNI BAKA ZANIK B	127 3 5 680 (D.U.) 41))	8381) BJØF J 99 1		
-2. Principal F	Place of Busin	ness	3. Mail	ing Address			-				HEN 1111 (111).	
							_ ·		* '			
Suite, Apt. #, etc.		Strite	Suite, Apt. #, etc.				CHECK HERE IF N	MAKING CHA	NGES			
City & State		City	City & State				4. FEI Number 36-4506250			Applied For Not Applicable		
Zip	o Country		Zip	Zip		Country		5. Certificate of Status Desired 7 \$8			.75 Additional Required	
6. Name and Address of Current Registered Agent							7,	Name and Address of New Regi				_
TAYLOR,	JAMES C			•	=	Name		<u> </u>				
	OU BLVD	SUITE 18				Street Address	(P.O.	Box Number is Not Acceptable)				
PENSACO	OLA FL 325	03								-		7
÷		· .		દ		. City			FL ^z	ip Cod	e	7
	named entil tions of regis	y submits this staten	nent for the purpo	ose of changing its	register	ed office or registe	ered a	gent, or both, in the State of Florida	. I am familia	r with,	and accept	
SIGNATURE	Signature, typed	f or printed name of registers	id agent and title # appli	icable. (NOT	E: Registere	d Agent signature require	od when	reinstating)	DATE	_		
Afte	r Mày 1, 20	!! FEE IS \$150.0 03 Fee will be \$55 o Florida Departm	50.00		.		,	Election Campaign Financ Trust Fund Contribution.	ing	\$5.0 Added	0 May Be to Fees	-
10.	• • • • • • • • • • • • • • • • • • • •	···OFFICERS	AND DIRECTOR	RS ·	11.		Α	DOITIONS/CHANGES TO OFFICE	RS AND DIRE	CTOR	S IN 11	┧_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Delete GLUMAC, TAMMY J 3852 FOX ROAD PACE FL 32571								hange	Addition	CR2E034 (10/02)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				1				hange	Addition	CR2	
TITLÉ				☐ Delete	TITLE	_ [.				hange	Addition	7
NAME STREET ADDRESS CITY-ST-ZIP				•		ET ADDRESS ST-ZIP						-
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1				han g e	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		ı	,		c	nange	☐ Addition	
of the corp	on this repor poration or th or on an atta	t or supplemental re	port is true and a empowered to e	ccurate and that n xecute this report	ny signati as require	ed by Chapter 607	same 7, Flori	119.07(3)(i), Florida Statutes. I furil legal effect as if made under oath; ida Statutes; and that my name app	that I am an	officer	or director	
	-·· - · _	BIGNATURE AND TYPE	OR PRINTED NAME	OF SIGNING OFFICER	OR DIRECTO			Date	Deytime Pi	one #		1