2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBI**

DOCUMENT

P02000094351



FILED Feb 28, 2003 8:00 am Secretary of State

02-28-2003 90158 003 ***150.00 1. Entity Name 082902 CORPORATION Principal Place of Business
3988 MANATEE AVENUE EAST Mailing Address 3988 MANATEE AVENUE EAST SUITE 2C SHITE 2C **BRADENTON FL 34208 BRADENTON FL 34208** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State City & State Applied For Not Applicable Zip Country-Zip - Country -\$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERGS, ROBERT L Street Address (P.O. Box Number is Not Acceptable)
3988 Manatce Ave East 1900 MAIN STREET SUITE 303 SARASOTA FL 34236 City Rradenton 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition Farl L. Salzlein NAME NAME STREET ADDRESS STREET ADDRESS 1560 S. Orange Lue CITY-ST-ZIP CITY-ST-ZIP Ft Meade, a 3284 TITLE ☐ Delete TITLE ☐ Change Michelle L. Pressley 8105 oak D NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Palmetto, 9 34221 ---TITLE ☐ Delete TITLE ☐ Change Addition 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 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:

