## 2003 FOR PROFIT CORPORATION

SIGNATURE:

## **UNIFORM BUSINESS REPORT (UBR)**

## FILED Feb 14, 2003 8:00 am Secretary of State 01-13-2003 90458 028 \*\*\*150.00

1/1.

DOCU  1. Entity Nar  J-II SIGN	ne	90008	17720				·	01-13-20	W 7047	0 020	130.00
Principal Place 120 E. CONC ORLANDO FL		120	Mailing Address 120 E. CONCORD ST. ORLANDO FL 32801								
2. Principal F	Place of Business	3. Ma	3. Mailing Address								!
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.					CHECK HERE	IF MAKING	CHANGES	<b>,</b>
City & Stat	te .	City	City & State			4. FEI Number 82:0585					pplied For lot Applicable
Zip Country		Zip	Zíp		Country		5. Certificate of		Ö	\$8.75 Ad Fee Requir	Iditional ed
	6. Name and Address of Curr	ent Registere	ed Agent				7. Name and Ad	dress of New Re	gistered A	gent	
	I DANGED				Name		<u></u>				-
MOORE, J. CARTER 120 E. CONCORD ST.					Street Ad	idress (P.C	). Box Number is	Not Acceptable	}		
ORLANDO	O FL 32801										
<u> </u>					City				FL	Zip Cod	ie .
	named entity submits this statemer tions of registered agent.	nt for the purp	ose of changing its	registere	ed office or	registered	agent, or both, i	n the State of Flor	rida. I am fa	amiliar with	and accept
SIGNATURE	Signature, typed or printed name of registered at	gent and title if app	licable. {NOTE	E: Registered	l Agent signatu	re required wh	en reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								in Campaign Fina und Contribution			00 May Be d to Fees
10.	OFFICERS A	ND DIRECTO	RS	11.			ADDITIONS/CH	ANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. P. S. T. CRUM, JAMES C JR 120 E. CONCORD ST. ORLANDO FL 32801		☐ Delete		T ADDRESS	D, P. S CRW 120 E.	n, James Concord	SC.JR. St.		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U-P J. CARTER MODES 120 E. COUCORD ST		☐ Defete	TITLE NAME STREE	T ADORESS	mos	NDO, FL RE, J. CA CONCOR NBO, FL	ETER ETER St.	V-P	☐ Change	<b>≰</b> Addition
TITLE	OPLANDO, FL 3280		☐ Delete	IIILÉ		- CLA	1400, T C	- CR - /	<del></del>	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	المستعدد الم			NAME STREE	_ [	<u> </u>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>		□ Delete	TITLE NAME STREE						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-1	T ADDRESS ST-ZIP	_				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP					☐ Change	Addition
indicated	ertify that the information supplied v on this report or supplemental repor poration or the receiver or trustee en or on an attachment with an addres	t is true and a	eccurate and that m	v sionatu	re shall hat	ve the sam	e legal effect as	if made under oa	th: that I am	an officer	or director