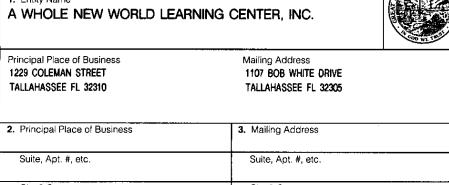
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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P02000105758

1. Entity Name



FILED
Feb 27, 2003 8:00 am
Secretary of State
02-27-2003 90169 031 ***150.00

Principal Place of Business 1229 COLEMAN STREET TALLAHASSEE FL 32310 2. Principal Place of Business Suite, Apt. #, etc.		Mailing Address 1107 BOB WHITE DRIVE TALLAHASSEE FL 32305		1		
		3. Mailing Address		CHECK HERE IF MAKING CHANGES		
		Suite, Apt. #, etc.				
City & State City & State			4. FEI Number Applied For Not Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired		
	6. Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Registered Agent		
COLLINS, SYLVIA 1107 BOB WHITE DRIVE		Name Street Add	Name Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32305			City	City FL Zip Code		
	named entity submits this statem ons of registered agent.	ent for the purpose of changing its	! registered office or re	registered agent, or both, in the State of Florida. I am familiar with, and accept		
Signature 🚉	Signature, typed or printed name of registered	d agent and title if applicable. (NOTI	E: Registered Agent signature	re required when reinstating) DATE		
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550 Payable to Florida Departme	0.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS	D Collins, Sylvia 1107 Bob White Drive Tallahassee Fl 32305	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition		
ITLE IAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
ITLE IAME STREET ADDRESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
ITLE IAME STREET ADDRESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition .		
indicated o	on this report or supplemental reportation or the receiver or trustee.	port is true and accurate and that n	ny signature shall hav	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information tive the same legal effect as if made under oath; that I am an officer or director oter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if		

SIGNATURE:

Daytime Phone #