FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Ma

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

1	MENT # 10				05-02-2003	3 90144 043 ***150.00
Section 1	DO NOT W		THIS SP	ACE	110329	81
	o Greystone		- <u>3 C. G. r. B.c. r</u> te. Apt. #, etc.	stru Lur	DO NOT WRITE	IN THIS SPACE
	1611 /		& State	1A FI	4. FEI Number 42 - 155 273	Applied For Not Applicable
3257	Country ESCA	wb. M Zio	32574	Country & SCHTILLING	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		XXXXX XXXXXX			7. Name and Address of Current R	egistered Agent
			_	Name CAG	ry LA VAN RAN	der
	The state of the s	OT WRIT	第1時間。2基。所以於其	Street Address (P.O. Box Number is Not Acceptable)	
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				City ()	Greeston Coma	FL Zip Code
B. The above	named entity submits this	statement for the pure	nose of changing its re		5 1 G / 1- ed agent, or both, in the State of Flori	35376
	tions of registered agent.	SMICH COLLINO POLE	ood or changing to re	sgistored whod or registor	od agoni, or both, in the state of their	sa, ram isriillar wiin, and accept
SIGNATURE	Signature, typed or printed name of	registered agent and title if an	nlicable. (NOTE: I	Registered Agent signature required	when reinstating)	DATE
* /*-						
	nuary 1 - May 1 Fee is After May 1, Fee is \$55 Amended UBR is \$61	0.00. .25			 Election Campaign Finanting Trust Fund Contribution. 	ncing \$5.00 May Be Added to Fees
Make Check	After May 1, Fee is \$55 Amended UBR is \$61 c Payable to Florida Dep	0.00 .25 partment of State	DRS		Trust Fund Contribution.	+0:00a, 50
	After May 1, Fee is \$55 Amended UBR is \$61 Payable to Florida Dep OFF	0.00 25 partment of State		THE SECOND SECOND		+0:00a, 50
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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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 on an attachment with an address, with all other like empowered.

CICNATURE

STRIKATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #

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