## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P02000108017 **DOCUMENT #**



## Mar 19, 2003 8:00 am Secretary of State **FILED**

B & A HC		<b>)</b> .					03-19-2003 90154 00	5 ***150.	.00	
Principal Place of Business 3036 BIG SKY BLVD. KISSIMMEE FL 34744			Mailing Address 3036 BIG SKY BLVD. KISSIMMEE FL 34744				L JEDOVOGE DIE ODNYG KIRKE DOKKE GORDE OGREE KRAKE	818† 1860 <b>83</b> 181	(1881 <b>- 188</b> 1 - 1 <b>88</b> 1	
2. Principal F	Place of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			4.	4. FEI Number   Applied For			]
Zip Country			Zip	p Country			5. Certificate of Status Desired S8.75 Addition Fee Required			1
~~~	6. Name	and Address of Current Re	egistered Agent		المراجعة المستحد	7. 1	Name and Address of New Registered A	igent	The second second second	_
					Name					1
	Bernard F Sky Blyd.	<b>?</b>			Street Address (P.O. Box Number is Not Acceptable)					1
	E FL 34744	ļ.								1
			•		City		FL	Žip Cod		
8. The above the obligat	named entity tions of regist	y submits this statement for t ered agent.	he purpose of changing its	s registere	ed office or registe	ered ag	gent, or both, in the State of Florida. I am f	amiliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent and	title if applicable. (NOT	E: Registere	d Agent signature require	ed when re	einstating) DATE			
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State							9. Election Campaign Financing Trust Fund Contribution.		0 May Be	
10.		OFFICERS AND DI	RECTORS	11.		ΑD	.1. DDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUTTER, E 3036 BIG S KISSIMME		☐ Defete					Change	Addition	(00,00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KHIMANI, / 1950 LEE I WINTER P/		☐ Delete		į.			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				the section of the se	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	☐ Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Delete		l.			☐ Change	☐ Addition	

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 pine like empowered.

SIGNATURE:

4078705316