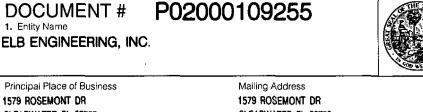
## **FILED**

Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90298 035 \*\*\*150.00

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

DOCUMENT #



Principal Place 1579 ROSEMO CLEARWATER		Mailing Address 1579 ROSEMONT DR CLEARWATER FL 33755	1579 ROSEMONT DR				1811 88117 18118 11881 1		
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 56-	2300832		oplied For	
Zip	Country	Zip	Country					88.75 Additional ee Required	
6. Name and Address of Current Registered Agent			·	7. Name and Address of New Registered Agent					
	معطومين المجاوري		Na	ame:	· Property of the second				
BUONEMANI, FRANK 1579 ROSEMONT DR				eet Address (P.O. Box Number is Not Acceptable)					
	TER FL 33755	1							
			Cir	ty			FL Zip Cod	e	
SIGNATURE F Afte	Signature, typed or printed name of registered a FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550. k Payable to Florida Departmer	00	E: Registered Agen	at signature require	1	DA on Campaign Financing Fund Contribution.		0 May Be	
10.	OFFICERS A	ND DIRECTORS	11.		ADDITIONS/CH	HANGES TO OFFICERS	AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUONEMANI, FRNK 1579 ROSEMONT DR CLEARWATER FL 33755	☐ Delete	TITLE NAME Street add City-St-Zi	1	)		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYONS, RANDY 1051 NOKOMIS ST CLEARWATER FL 33755	☐ Oelete	TITLE NAME Street add City-St-Zi		·.		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI		ئائىنى مىڭ 1. <del>- 1</del>	ಷ್ಟಾಯವಾಗುವ ೨	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	í.	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI				☐ Change	Addition	
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

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:

4124103