2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2003 8:00 am Secretary of State 04-23-2003 90200 041 ***150.00

1. Entity Nan		0112362				04-23-2003	90200 04	1 ***1	50.00	
Principal Place of Business Mailing Address 1450 WINDY KNOLL LANE 1450 WINDY KNOLL LANE DELAND FL 32724 DELAND FL 32724					55039696					
2. Principal Place of Business 840 W. New York Ave P.O. Box 192 Suite, Apt. #, etc.										
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u> </u>		CHECK HERE IF MAKING CHANGES					
City & Stat	• •	City & State	7:		I. FEI Number	-1435	<u> 293</u>		plied For Applicable	
^{Ζip} 3 ∂ 73	Country 135A	^ヹ ゅ 3ə7ə।	Country		i. Certificate of Sta	tus Desired		75 Add Require		
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
COOK, RICHARD R 2253 RIVER RIDGE RD				Street Address (P.O. Box Number is Not Acceptable)						
DELAND FL 32720]
			City				FL.	Zip Code]
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Software, typed or primad name of registered agent and title if applicable. (NOTE: Registered Agent signature required when ministating) DATE										
-	ILE NOW!!! FEE IS \$150.00	ы ше в аррісают. (140)	E: Nogestered Agent sign	arus required wile		Campaign Finar		\$5.0	O May Be	$\left\{ \right.$
After May 1, 2003 Fee.will be \$550.00 Make Check Payable to Florida Department of State						d Contribution.			to Fees	
10.	OFFICERS AND D	Delete	11.	The	PSD	IGES TO OFFIC		RECTORS Change	Addition] [8
NAME STREET ADDRESS CITY-SE-ZIP	MOORE, DAVE 1450 WINDY KNOLL LANE DELAND FL 32724	X	NAME STREET ADDRESS CITY-ST-ZIP	Riche D.O. Delau	Box 1925			·	~	F034 (10/02
TURLE NAME STREET ADDRESS	DV MOORE, MIKE	Delete	TITLE NAME STREET ADDRESS			30-12-		Change	Addition	CR2
CITY-ST-ZIP	1450 WINDY KNOLL LANE DELAND FL 32724	*** Trains	CITY-ST-ZIP			· .				} -
TITLE NAME	DST MOORE, ANNE	Delete	TITLE NAME				□	Change	Addition	
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TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
indicated	tertify that the information supplied with it on this report or supplemental report is to poration or the receiver or trustee embow or on an attachment with an address, with	rue and accurate and that n	ny signature shall l	nave the sam	e legal effect as if r	nade under oath	n; that I am ar	ı officer d	or director	