2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)						FILED Apr 10, 2003 8:00 am Secretary of State		
1. Entity Nam		P0200011	7560				ary of \$ 3 90185 049 ***	
433 MOORE I	e of Business PARK LANE AND FL 32952	433	ng Address MOORE PARK LANE RITT ISLAND FL 32952	2			12 55 15 56 15 13 7 1170 1 3 1	18
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.				VOOD MERE XXX.		☐ CHECK HERE IF MAKING CHANGES		
City & State SEBASTIAN, FLORIDA			City & State SEBISTIAN, FEREIDH		1	4. FEI Number 68 - 05356	01	Applied For Not Applicable
Zip	Country			Country		5. Certificate of Status Desired	\$8.7	5-Additional
329	· · · · · · · · · · · · · · · · · · ·	A 3c	790	USH		7. Name and Address of New	Fee R	Required
	o. Hamound	!	ou Agoin	Name		1. Hame and Address of New	neglatered Agent	
DICKINSON, DAVID				Street A	t Address (P.O. Box Number is Not Acceptable)			
433 MOORE PARK LANE								
MERRITT ISLAND FL 32952								
		•		City			FL Zi	ip Code
	named entity submits the		oose of changing its re	egistered office o	r register	ed agent, or both, in the State of F	Florida. I am familia	r with, and accept
the obligat	ions or registered agent	•						
SIGNATURE .	Signature, typed or printed name	of registered agent and title if app	olicable (NOTE:	Registered Agent signa	ture required	when reinstating)	DATE	
After	ILE NOW!!! FEE IS May 1, 2003 Fee wil Payable to Florida I	l be \$550.00				Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees
10.	C	FFICERS AND DIRECTO	DRS	11.		ADDITIONS/CHANGES TO OI	FFICERS AND DIRE	CTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMINS, BARRY 1203 PIERCE FT. PIERCE FL 349	82	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ CI	hange Addition
TITLE NAME STREET ADDRESS	D Delete CREASEY, DAVID			TITLE NAME STREET ADDRESS	D CR. 150	CREASEY, DAVID 1505 FAIRWAY CIRCLE; AST 306 A		
CITY-ST-ZIP	SPENDORA TX 773	72		CITY-ST-ZIP		O BEACH, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKINSON, DAVID 433 MOORE PARK MERRITT ISLAND F		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			ci	hange
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WERRIT IOEAND I	L 32532	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			CI	hange 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , ,		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ C	hange
TITLE			☐ Delete	TITLE	1		□ CI	hange

12. I hereby certify that the information supplied with this filling 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 repaired 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP