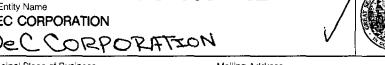
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

P02000118244 **DOCUMENT #** 

1. Entity Name





Apr 14, 2003 8:00 am Secretary of State

	CORPORATION	И			
Principal Place of Business 779 EAST MERRITT ISLAND CAUSEWAY PMB #1257 MERRITT ISLAND FL		Mailing Address 779 EAST MERRITT ISLAND CAUSEWAY PMB #1257 MERRITT ISLAND FL			######################################
2. Principal I	Place of Business	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·		181 1810 HBN \$181 B181 198)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number	Applied For Not Applicable
Zip	Country	Zip	Country		68.75 Additional
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Address of New Registered Ag	
			Name		
DECARLI, STEPHENIE 1231 MYRTLE STREET			Street Addres	s (P.O. Box Number is Not Acceptable)	
	O FL 32807				
0110 1110	0 12 02007		City	FL	Zip Code
	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida. I am fa	miliar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature requ	ired when reinstating) DATE	
	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing	<b>\$5.00</b> May Be
	k Payable to Florida Department of	State		Trust Fund Contribution.	Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 11
TITLE NAME	PSTD DECARLI, PHYLLIS I	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	779 EAST MERRITT ISLAND CSV   MERRITT ISLAND FL	/Y., PMB #1257	STREET ADDRESS CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	<del></del>	☐ Change ☐ Addition
NAME	DECARLI, MELVIN S	n: D145	NAME	•	
STREET ADDRESS CITY-ST-ZIP	779 EAST MERRITT ISLAND CSV MERRITT ISLAND FL	· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS CITY-ST-ZIP	*	
TITLE		□ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME	1		NAME		ļ
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS  CITY-ST-ZIP		
					☐ Change ☐ Addition
TITLE NAME		☐ Delete	TITLE NAME	•	
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME	1		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CiTY-ST-ZIP		J

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** 

Daytime Phone #