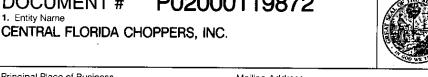
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P02000119872 DOCUMENT



FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90082 013 ***150.00



Principal Place of Business Mailing Address 4910 HAVEDSTRAW AVE

ORLANDO FL 32812 US	ORLANDO FL 32812 US		 	#	
2. Principal Place of Business (1368 Old Chence Hust Suite, Apt. #, etc.	3. Mailing Address U308 Old Che Suite, Apt. #, etc.	neef Hux		aiai rinai ilgin igini igili (8619 (81 liigi	
City & State	_ City & State .		CHECK HERE IF		
Orlando, Florida		abida	4. FE Number 14-1858930	Applied For Not Applicab	
30807 Country	J roses	DSA	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DIXON, ROXANNA L		Name	•		
4210 HAVERSTRAW AVE		Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32812				Applied For Not Applicab \$8.75 Additional Fee Required	
		City		FL Zip Code	

			• -	
8.	The above named entity submits this statement for the purpose of changing its register	ered office or registered agent, or both, in the State of Florida.	I am familiar with, ar	nd accer
	the obligations of registered agent.	1		

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Signature, typed or printed name of registered agent and title if applicable

9.	Election Campaign Financing
	Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For Not Applicable

DATE

Wake Chec	k rayable to Florida Department of State			,		
10.	OFFICERS AND DIRECTO	RS	11.	AD	DITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T DIXON, RONALD A JR 4210 HAVERSTRAW AVE ORLANDO FL 32812	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S DIXON, ROXANNA L 4210 HAVERSTRAW AVE ORLANDO FL 32812	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST. 7/P		☐ Change	☐ Addition

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 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: