## 2003 FOR PROFIT CORPORATION

UNIFUR	W PASINE	99 KELAKI	(UBK)	<u></u>	• •			
DOCUMENT # P02000121319.					FILED			
HAMMERLAND, IN	======================================				03 SEP 25 AM 8:41			
Principal Place of Business Mailing Address 14502 N. DALE MABRY HWY. 14502 N. DALE MAR SUITE 300 SUITE 300			HWY.		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
TAMPA FL 33618 TAMPA FL 33618					. Januaria anisa unu maui fiain mata		JAN 110 HA	
US US								
2. Principal Place of Busin	3. Mailing Address			( 198(186): 11) ES(15 116)( ES(1) SE(1) SE(1)	1 11 <b>0 10 11 10 11 11 11 11 11</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		}	CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 57-1159834		plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Add Fee Required		
. 6, Name and Address of Current Registered Agent					7. Name and Address of New Registe	red Agent		
RANKIN, DAVID P			Name	Name				
14502 N. DALE MABRY HWY.			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
SUITE 300								
TAMPA FL FL								
			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$550.00  After September 10, 2003 Fee will be \$750.00  Make Check Payable to Florida Department of State  9. Election Campaign Financing Trust Fund Contribution. State								
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	IN 11	
TITLE		☐ Delete	TITLE PD		JARD HAMMERMAN	☐ Change	Addition	
NAME			NAME	360	ol Madaca Lane			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	-1 ra	man, FC, 33618		Ì	
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TITLE NAME		☐ Delete	TITLE V 19	ው Mu	CHARL STRICKLAND Of MADRIA LANE	Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS	TA	MPA, FL, 33618			
CITY-ST-ZIP			CITY-ST-ZIP			•	,	
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NAME CIRCLY ADDRESD			NAME		ite 300 502 N. Dale Magan			
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CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP		<del></del>	999		
TITLE		☐ Delete	TITLE		<del>- 800022863</del> - 09/09/0301060012	**\$50.00	☐ Addition	
NAME STREET ADDRESS			NAME Street address		— ज्यान प्रकार प्रकारण व्यवस्था विश्व व र		1	
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<ul> <li>i.e. i nereby certify that the</li> </ul>	rimormation supplied With th	us unna goes not quality for th	ie exemption state	ea in Sec	tion 119.07(3)(i). Florida Statutes, Lfurthe	ir certify that the inf	rormation	

Thereby 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 another like empowered.

GNATURE:

| GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Day | Day

SIGNATURE: