
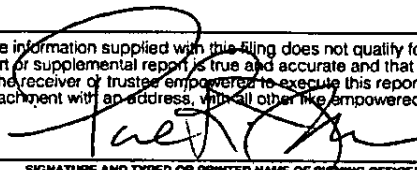


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-10-2004 90034 005 ***150.00

DOCUMENT # P03000068729 1. Entity Name UMA ADMINISTRATIVE INC.																				
Principal Place of Business 22 ROUND RD PANAMA CITY BEACH FL 32413			Mailing Address PO BOX 611705 ROSEMARY BEACH FL 32461																	
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																	
City & State			City & State																	
Zip		Country		4. FEI Number 58-199-1539																
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																
6. Name and Address of Current Registered Agent WATSON, FRANKLIN H 5365 E COUNTY HWY 30-A, STE 105 SEAGROVE BEACH FL 32459				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																
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 _____ (NOTE: Registered Agent signature required when reconstating) DATE _____																				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State																				
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																				
10. OFFICERS AND DIRECTORS																				
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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: 																				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR																				
Date 2/4/04 Daytime Phone # 776 789-1946																				



Attachment

66403298

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 12, 2004

UMA ADMINISTRATIVE INC.
PO BOX 611705
ROSEMARY BEACH, FL 32461

Subject: **UMA ADMINISTRATIVE INC.**

Reference Number: **P03000068729**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/jb
ANNUAL REPORTS SECTION

*SORRY I JUST FILED THE
DOMICLE IN FL A FEW MONTHS
AGO AND NOTHING IS DIFFERENT
SO I THOUGHT YOU HAD
THE TWO NAMES.*