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

## **FILED** Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90238 040 \*\*\*150.00

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1. Entity Name

PO3000140563



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	V Gastonia Court	Same				
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		,	DO NOT WRITE IN THIS	SPACE
City & Stat	te	City & State			4. FEI Number	Applied For
-	Mite, Florida	- 1	<del></del>	·	51-049.0782	Not Applicable
Zip 32038	Country US	Zip	Coun	try	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			M. T.		7. Name and Address of Current Register	ed Agent
				Name Rick	R. Holland	
	SE DO NOT W	₹IJĔĸĸĸĸ		Street Address (P	O. Box Number is Not Acceptable)	
	E BINETEIS SE	AGE		296	SW Gastonia Court	
1.00		7 (12 ) 18 <del>1</del> 8 (18 )				
				City Fort	White	L 32038
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistere	ed office or registers	ed agent, or both, in the State of Florida. I am	familiar with, and accept
ine opligat	norts of registerod agent.			-		
SIGNATURE.	Signature, typed or printed name of registered agent as	Allow Marchaelle (NOTE)	N	d Agent signature required y	when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·
	nuary 1: May 1. Fee is \$150.00	id the it applicable: (NOTE)	- Parity Co	Agent agritude reduxed y		
	After May 1 Fee is \$550.00 : 1 Amended UBR is \$61.25				Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees
Make Check	Payable to Florida Department of t	State .			Trust Fund Continuation.	Added to Fees
10.	OFFICERS AND D	DIRECTORS	A Section	Section 1		
TITLE	President		TULE			
NAME Street adoress	Rick R. Holland		2 23 2 2 2 2	TADDRESS		
CITY-ST-ZIP	296 SW Gastonia Cou Fort White, Florida		<b>建</b> 3.000 00 00 00 00 00 00 00 00 00 00 00 00	ST ZIP 1 1 10 1 1 1		
1/TLE	Vice President		шŧ			
NAME	Christopher Brian H	olland	NAME			
STREET ADDRESS	197 SW Poormans Pla		entrice Con	TADDIESS		
CITY+ST-ZIP	Fort White; Florida	32038	72 400	ST ZIP		
title Name			HAME		are returning	
NAME STREET ADDRESS		e e		ADDRESS:		
CITY-ST-ZIP				STAPE	· DO NOTWR	HE :
TITUE		,	TITLE.	: <b>3</b> 45, <b>35</b> , 35	EZIN THIS SPA	
NAME	•		NAME			<b>95</b> - S. T.
STREET ADDRESS CITY-ST-ZIP			STRU	ACURESS (Legal 192		
TITLE NAME	•		TILE NAME			
STREET ADDRESS	•		CALL SHOWING	ADDRESS:		
מודע רד אום	•		and the			

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 on an attachment with an address, with all other like

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TILE NAME STREET ADDRESS CITY-ST-ZIP

386-497-2647

Daytime Phone #