AMENDED 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Surie, Apt #, etc.   Guide, Apt #, etc.   Applied #, etc.   App	2211 S. TA	MIANI TRAIL	2211 S. TAMIANI TRAIL								
Chy & State  Chy &	2. Principal	Place of Business	3. Mailing Address			<del> </del>					
Steel Address of Name and Address of Current Registered Agent   Steel Address of Name and Address of Name and Address of Name and Address of Name and Address of Name Registered Agent   Steel Address (P.O. Box Number is Not Acceptable)	Sulte, Apl	L F, etc.	Suite, Apt. #, etc.				CHECK HERE IF	MAKING	CHANGES		
Experience of Status Desired   \$8.75 Additional For Required   \$8.75 Additional For Required	City & State		City & State			4. F				Applied For Not Applicable	
PITCHFORD, MALCOLM 240 S. PINEAPPLE AVE., 8TH FLOOR STREET ADDRESS (P.O. Box Number is Not Acceptable)  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 acceptable of the obligations of registered agent.  SIGNATURE    PURE NOWIN FEE IS \$165,000	Zip	Country	ΖΙρ	Count	try	5. (	Certificate of Status Desired				
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)			Registered Agent		Name	7. N	lame and Address of New Reg	stered /	lgent		
a. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Stitate of Florida. I am familiar with, and accompted of the obligations of registered agent, or both, in the Stitate of Florida. I am familiar with, and accompted of the obligations of registered agent, or both, in the Stitate of Florida. I am familiar with, and accompted of the Stitate of Florida agent ag	240 S. PINI	EAPPLE AVE., 8TH FLOOR			Street Address	(P.O. B	iox Number is Not Acceptable)				
A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the Stitale of Florida. I am familiar with, and according to registered agent, or both, in the Stitale of Florida. I am familiar with, and according to registered agent, or both, in the Stitale of Florida. I am familiar with, and according to registered agent, or both, in the Stitale of Florida. I am familiar with, and according to registered agent, or both, in the Stitale of Florida. I am familiar with, and according to registered agent, or both, in the Stitale of Florida. I am familiar with, and according to registered agent, or both, in the Stitale of Florida. I am familiar with, and according to registered agent, or both, in the Stitale of Florida. I am familiar with, and according to registered agent, or both, in the Stitale of Florida. I am familiar with, and according to registered agent, or both, in the Stitale of Florida. I am familiar with, and according to registered agent, or both, in the Stitale of Florida. I am familiar with, and according to registered agent, or both, in the Stitale of Florida. I am familiar with, and according to registered agent, or both. In the Stitale of Florida of Registered agent, or both, in the Stitale of Florida of Registered agent, or both, in the Stitale of Florida of Registered agent, or both. In the Stitale of Registered agent, or both, in the Stitale of Florida of Registered agent, or both, in the Stitale of Florida of Registered agent, or both, in the Stitale of Florida of Registered agent, or both, in the Stitale of Florida of Registered agent, and separate agent					City			FL	Zip Cox	⊅e	
Affect May 3: 2003 Feet Will be: \$55.00 S. Amended UBR 1s \$61 26 Make Chack Payable to Florida Department of State.  10. OFFICERS AND DIRECTORS.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  11. BPT WILSON, PAULINE  STREET ADDRESS 108 CANDYCE DRIVE  CITY-ST-2P OSPREY, FL 34229  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  11. BPT WILSON, PAULINE  STREET ADDRESS 2 40 S. Pineapple Ave, 10th Fl  CITY-ST-2P Sarasota, FL 34236  11. CITY-ST-2P Sarasota, FL 34236  11. Delete  11. Delete  11. DPT WILSON, PAULINE  STREET ADDRESS 2 40 S. Pineapple Ave, 10th Fl  CITY-ST-2P Sarasota, FL 34236  11. CITY-ST-2P Sarasota, FL 34236  11. Delete  11. Delete  11. Delete  11. Delete  11. Delete  11. Delete  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  11. Delete  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  11. DPT WILSON, PAULINE  11. DPT WILSON, P	the obliga	tions of registered agent.					·		amiliar with	and accept	
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 madde under oath; that I am an officer or direct 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 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED ON PRINTED NAME OF SIGNANG OFFICER ON DIRECTOR  Degree Block  De	indicated of the corp. changed,	on this report or supplemental report is coration or the receiver or trustee empo or on an attachment with an address, where the core is the core of t	true and accurate and that me wered to execute this report a fith all other like empowered.  Kenn	y signatur is required eth	by Chapter 50:	same ker 7, Florida	gal effect as if madie under oath:	that I am bears in 6	an officer of allock 10 or	or director	