## **FILED**

Apr 24, 2003 8:00 am Secretary of State

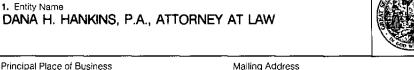
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UNIFORM BUSINESS REPORT (UBR) P92000002464 **DOCUMENT #** 

1. Entity Name

1115 E CONCORD ST

ORLANDO FL 32803



**2003 FOR PROFIT CORPORATION** 

US 2. Principal Place of Business 3. Mailing Address

1115 E. CONCORD STREET

ORLANDO FL 32803



Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
ORLA	NOO, FL	ORLANDO.	FL	4. FEI Number 59-3149	1XY/ <del>III</del>	pplied For ot Applicable	
32803	3 "0"5 A	32803	Country 5 A	5. Certificate of Status Desir	red S8.75 Ad Fee Require		
	6. Name and Address of Current R	legistered Agent		7. Name and Address of New Registered Agent			
HANKINS,		·	Street Address (	DANA TI, MANKINS			
	CONCORD ST.		25/0	25/0 E, JACKSON JI,			
ORLANDO FL 32803							
·			City ORL	ANDO	FL Zip 300	7803	
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 A CONA LOUCE DANA H. HANKINS							
Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State		9. Election Campaig Trust Fund Contri	gn Financing \$5.0	00 May Be d to Fees	
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANKINS, DANA H 1115 E. CONCORD ST. ORLANDO FL	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	DECTOR JAH, HANK OE, JACK JANDO FI	SON ST.	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
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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: