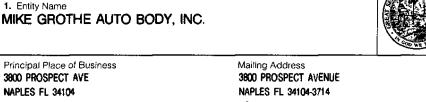
FILED Feb 03, 2003 8:00 am **Secretary of State**

02-03-2003 90090 001 ***150.00

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US		US							
2. Principal F	Place of Business	3. Mailing Address						DINN IENI EDUI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Stat	е	City & State			4. F	65-0374144	<u> </u>	oplied For ot Applicable	
Zip	Country	Zip		Country	5. C		8.75 Add ee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
GROTHE, MIKE				Name	GROTIL, MIRE				
5664 10TH AVENUE SW				Street Address (P.O. Box Number is Not Acceptable)					
NAPLES FL 33942				5810 STAR GRASS LN.					
•				City N/	City NAPLES FL Zip Code 34/16				
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent a		.	gistered office or reg		nt, or both, in the State of Florida. I am fai nstating) DATE	niliar with,	and accept	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	7.			9. Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees		
10.	OFFICERS AND I	DIRECTORS		11.	ADD	DITIONS/CHANGES TO OFFICERS AND D	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROTHE, MIKE 5664 10TH AVENUE SW NAPLES FL 34104		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5810	THE, MIKE STAR GRASS LN PLES, FL 34116		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE . NAME STREET ADDRESS CITY-ST-ZIP		, [Change	☐ Addition	

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 the 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

SIGNATURE:

Daytime Phone #