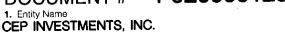
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P92000012383 **DOCUMENT #**

SIGNATURE:





FILED Feb 04, 2003 8:00 am Secretary of State 02-04-2003 90070 043 ***150.00

- 863-3700.

Date

Daytime Phone #

Principal Place of Business 7709 S.R. 52 BAYONET POINT FL 34667 US		7709 STATE	Mailing Address 7709 STATE RD 52 BAYONET POINT FL 34667 US								
2. Principal Pla	ace of Business	3. Mailing A	3. Mailing Address				940 Tr.				
Suite, Apt. #	, etc.	Suite, Apt	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES Applied For				
City & State		City & Sta	City & State			4. FEI Number 59-3162460			Not Applicable		
Zip	Country	Zip		Count	ry		ertificate of Status Desired	F	8.75 Add ee Required		
	6. Name and Address of Currer	t Registered Ag	ent		Nomo	7. Na	ame and Address of New R	egistered A	gent		
	01 ADENOE E 10					Name					
-	CLARENCE E. JR JUELINE ARBOR					Street Address (P.O. Box Number is Not Acceptable)					
	RRACE FL 33617			ì			<u></u>		_		
ICIVIFUL IL	HINOL I L COOT				City		.	FL	Zip Code	9	
						torad coo	int or both in the State of Ele		 amiliar with	and accept	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0	0					Election Campaign Fi Trust Fund Contribution			0 May Be I to Fees	
Make Check Payable to Florida Department of State											
10.	. OFFICERS AN	D DIRECTORS		11.	-	ADE	DITIONS/CHANGES TO OF	FICERS AND			
NAME STREET ADORESS	P PREVATT, CLARENCE E. JR 6313 JACQUELINE ARBOR TEMPLE TERRACE FL		☐ Delete		1				☐ Change	☐ Addition	
TITLE NAME	ST PREVATT, ELAINE 6313 JACQUELINE ARBOR TEMPLE TERRACE FL		☐ Delete	•	!	<u></u>	,		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. Delete		· · · · · -	نىڭىيىر	. Si si kamma a wa	1 ي ښاد	Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete ·			•				Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	` .	☐ Delete	STR CIT	AE EET ADDRESS Y-ST-ZIP				☐ Change	Addition	
12. I hereby	I certify that the information supplied of the certify that the information supplied and the certification of the receiver of trustee et or on an attachment with an address.	with this filing doe rt is true and acc npowered to exe s, with all other i	es not qualify for curate and that n cute this report ke empowered.	the exe ny signa as requ	emption stated in ature shall have ired by Chapter	n Section the same 607, Florid	119.07(3)(i), Florida Statutes legal effect as if made unde ida Statutes; and that my nai	i. I further ce r oath; that I me appears i	rtify that the am an office n Block 10 c	information r or director or Block 11 if	