2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address
2201 COUNTRY CLUB CT

3. Mailing Address

City & State

Suite, Apt. #, etc.

PLANT CITY FL 33567

DOCUMENT # P9300009771

Country

6. Name and Address of Current Registered Agent

1. Entity Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

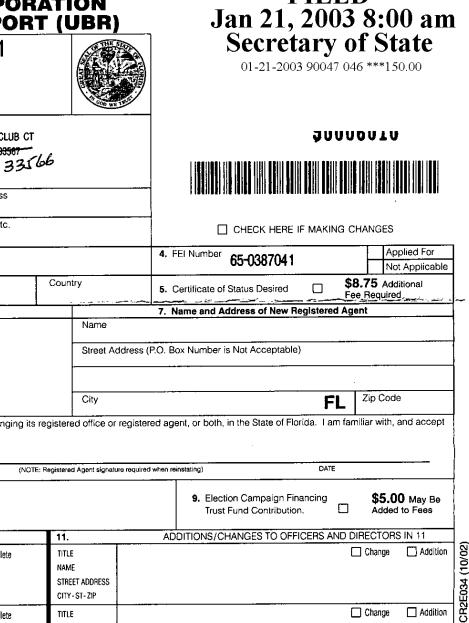
City & State

Zip

2201 COUNTRY CLUB CT

PLANT CITY FL 33567

PC SYSTEMS & SERVICES, INC.



FILED

POGUE, PATRICIA L 2908 PINE CLUB DR			Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
PLANT CI	IY FL 3 3567- <i>33566</i>							
•			City			FL	Zip Code	9
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								
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing Trust Fund Contribution.		Added	O May Be to Fees
10	OFFICERS AND DIRECTORS			AD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POGUE, PATRICIA L 2908 PINE CLUB DR PLANT CITY FL 33567	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POGUE, LEWIS W 2201 COUNTRY CLUB CT PLANT CITY FL 33567	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with this filing	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	od in Soutiers	10.07/2Vi) Elerida Statuten Liurih		Change	Addition

12. 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/17/03

(813) 752-8615

Daytime Phone #