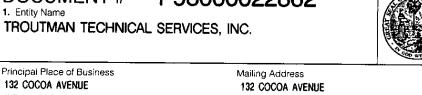
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P93000022862





FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90649 041 ***150.00

Principal Pla 132 COCOA INDIALANTIO	· · · = =	132 C) Address OCOA AVENUE LANTIC FL 32903					1 1 1111 1161 1861
2. Principal Place of Business		3. Maili	3. Mailing Address			, 180 îngel iyê verde yiyih beyih beyih beyih beyih beyih		
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City 8	City & State			FEI Number 59-3172701	Applied For Not Applicable	
Zip	Country	Zip		Country	5.	Certificate of Status Desired	\$8.75 Ad Fee Require	ditional
=	6Name and Address of Curre	nt Registered	Agent		7.	Name and Address of New Registered		
Troutman, h f 132 cocoa avenue				Name Street	reet Address (P.O. Box Number is Not Acceptable)			
INDIALANTIC FL 32903								
				City		FL	Zip Cod	e
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.	\$5.0 Added	May Be to Fees
10.	OFFICERS AN	D DIRECTOR	S	11.	AD	DDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TROUTMAN, JUDY M. 132 COCOA AVE. INDIALANTIC FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS TROUTMAN, HOLMES F 132 COCOA AVE INDIALANTIC FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
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

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 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 attachmen with an address, with all other like empowered.

SIGNATURE:

JUDY M. TROUTMAN