

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

DOCUMENT # P93000051726

Mailing Address  
3673 PARSLEY LN.  
NEW SMYRNA BEACH FL 32169

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip	Country	Zip	Country
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Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

FL

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**After May 1, 2003 Fee will be \$550.00**

**9. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00** May Be Added to Fees

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

[illegible]

CR2E034 (10/02)

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: Patricia A. Alf  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-03 386-427-1667