FILED

Apr 25, 2003 8:00 am Secretary of State

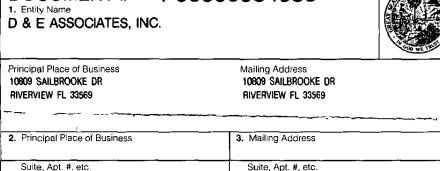
04-25-2003 90174 022 ***150.00

DOCUMENT #

City & State

the obligations of registered agent.

P93000054986



Applied For

☐ CHECK HERE IF MAKING CHANGES

City & State City & Sta			9		4. FEI Number 65-0424571		Applied For
				00'0424071		Not Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired		\$8.75 Additional ee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FRANCO, DEBBIE 10809 SAILBROOKE DR RIVERVIEW FL				Name Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	Zip Code
The above par	nod antity cultimits this stateme	ant for the nurnose of changi	ing its registor	ad office or rea	istored agent, or both, in the State of Flor	ida lam f	amiliar with, and accort

SIGNATURE-Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550:00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE Addition FRANCO, DEBBIE NAME NAME STREET ADDRESS 10809 SAILBROOKE DR STREET ADDRESS RIVERVIEW FL 33569 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE FRANCO, ELIAS NAME NAME STREET ADDRESS 10809 SAILBROOKE DR STREET ADDRESS RIVERVIEW FL 33569 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1D or Block 11 if 12. I hereby certify that the information supplied with the indicated on this report or supplemental reports of the corporation or the region or trustee employer. I am an officer or director s in Block 1D or Block 11 if changed, or on an attal

SIGNATURE:

TYPED OR PRINTED