2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P93000059644 **DOCUMENT #**

Apr 24, 2003 8:00 am \$ Secretary of State

1. Entity Nam							04-24-2003 9	0229 040	***150.	00
Principal Place of Business 319 HEMMINGWAY CT OVIEDO FL 32766			Mailing Address 3590 WADING HERON TERRACE OVIEDO FL 32766							
	Place of Busin		3. Mailing Addre	ess						HBH 0101 HBH
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
Oviedo, Fl			City & State			4. F	4. FEI Number 59-3199960			pplied For ot Applicable
32760		Country UJA	Zip	Cou	ntry	i	Certificate of Status Desired		8.75 Add	
6. Name and Address of Current Registered Agent					 	7. N	ame and Address of New Re	gistered Ag	ent	
					Name				_	1
RUSCITTI, DENNIS R 3590 WADING HERON TERRACE					Street Addres	ss (P.O. Bo	ox Number is Not Acceptable)	<u>.</u>		
OVIEDO F	FL 32766			Ch				·	T 7:- 0-4	
					City			FL	Zip Code	,
8. The above the obligat	e named entity itions of registe	submits this statement for ered agent.	the purpose of ch	anging its registe	red office or regis	1.	ent, or both, in the State of Flori	Such	c las	
SIGNATURE .	Signature, typed	or printed name of registered agent an	d title it applicable.		SCITTI ed Agent signature red	PRB uired when reh	nstating) OF AGEST		-03	
Afte	r May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department of \$	State				Election Campaign Fina Trust Fund Contribution.		\$5.0 Added	0 May Be I to Fees
10.		OFFICERS AND D	IRECTORS	11.		ADI	DITIONS/CHANGES TO OFFIC	CERS AND E	IRECTOR	3 IN 11
TITLE	D			elete TITI	E				☐ Change	Addition
NAME	RUSCITTI,	DENNIS R		NA				•		_
STREET ADDRESS		ING HERON TERRACE			EET ADDRESS					1
CITY-ST-ZIP	OVIEDO FI			CIT	Y-ST-ZIP					
TITLE	D			elete TiTi	F T				Change	Addition
NAME -	RUSCITTI,	NANCY P		NAM	.			•		<u> </u>
STREET ADDRESS		ING HERON TERRACE		STR	EET ADDRESS					
CITY-ST-ZIP	OVIEDO FI			CIT	Y-ST-ZIP					
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			□ D	NAM STR	ME EET ADDRESS			ſ	Change) Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Description Proces SIGNATURE: