2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)DOCUMENT #P93000071559L Entity NameImage: Control of the second sec				FILED Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90913 044 ***150.00	0524038 AV
	. MCEWAN, P.A.			04-14-2003 90913 044 ***150.00	
Principal Place of Business 5400 PINE ISLAND ROAD BOKEELIA FL 33922		Mailing Address 5400 PINE ISLAND RD SUITE B BOKEELIA FL 33922 US			-
2. Principal F	Place of Business	3. Mailing Address			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			
City & Stat		City & State	<u> </u>	4. FEI Number 65-0503854 Applied For	]
Zip	Country	Zip	Country		}
	6. Name and Address of Curren	t-Registered Agent		5. Certificate of Status Desired 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent	4_
		registered Agent	Name	7. Name and Address of New Registered Agent	1.
	, Chris g p.a. E Island Road 🖄		Street Address	s (P.O. Box Number is Not Acceptable)	1
	A FL 33922		m		ſ
4 21	• • • •		City	FL Zip Code	
8. The above	named entity submits this statement f	or the purpose of changing its	s registered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept	1
<b>*</b> *	ions of registered agent.				]
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	TE: Registered Agent signature requi	ed when reinstating) DATE	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	of State	ೆ ಸ್ಮಾರ್ ಕ್ ಕ್ ಕ್ ಕ್ ಕ್ ಕ್ ಕ್	-9- Election Campaign Financing	. :
<b>10.</b> TITLE	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	1
NAME STREET ADDRESS CITY-ST-ZIP	MCEWAN, CHRIS G 5400 PINE ISLAND ROAD BOKEELIA FL 33922	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	CR2E034 (10/02)
TITLE		Delete	TITLE	Change 🗋 Addition	CH2E
NAME Street address City- St- Zip			NAME STREET ADDRESS CiTY-ST-ZIP		
TITLE				Change Addition	<b>.</b>
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY - ST - ZIP		· • <u></u>
TITLE NAME Street address City - St - Zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Change Addition	
TITLE		Delete	TITLE	Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		Delete	TITLE	Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY - ST - ZIP		÷
of the corp	on this report of supplemental report is	s true and accurate and that r owered to execute this report	my signature shall have the as required by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 17, Florida Statutes; and that my name appears in Block 10 or Block 11 if	
SIGNAT			OF DIRECTOR	4/10/03 235-283-1067 Davine Phone #	•