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

P93000077326 **DOCUMENT#** 



**FILED** Mar 03, 2003 8:00 am § Secretary of State

FLORISC	MPE, INC		•				03-03-2003 90435	026 ***150	),00	
5250 LUNA V	ce of Busines VISTA DR RICHEY FL 346		Mailing Address 5437 AVERY ROAD NEW PORT RICHEY FL 34652				T ADDROGO KADADA KANA DOKA DOKA DOKA ADAK AD	iji 1 <b>88</b> 11 1 <b>885</b> 5 (414		
2. Principal	Place of Busir	ness	3. Mailing Address			-				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FE	4. FEI Number 59-3214470 Applied For Not Applied For			
Zip Country			Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			lditional	
	6. Name	and Address of Current F	Registered Agent	jistered Agent		7. Name and Address of New Registered Agent				
CDCD4 I	IOUN.				Name		ú			
Freda, John 5437 Avery RD					Street Address (P.O. Box Number is Not Acceptable)					
NEW POF	rt richey i	FL 34652				· •				
					City		F	Zip Coo	de	
the obliga	tions of registi	y submits this statement for ered agent.  or printed name of registered agent ar					, or both, in the State of Florida. I a		and accept	
	Signature, typed	or printed name of registered agent ar	d title if applicable. (NO	TE: Registere	d Agent signature require	d when reinst	ating) DATE	Ē		
Afte Make Check	r May 1, 200 k Payable to	FEE IS \$150.00 Florida Department of					Election Campaign Financing     Trust Fund Contribution.		00 May Be d to Fees	
10.	I DUD	OFFICERS AND D		11.		ADDI	TIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP FREDA, JC 5437 AVEF NEW PORT		☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FREDA, TE 5437 AVER NEW PORT		☐ Delete					☐ Change	Addition	
TITLE NAME Street Address City-St-Zip		Sec. 15	☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		i			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		i			Change	Addition	

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.