2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P94000000945 DOCUMENT



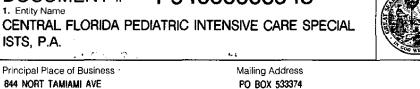
03-31-2003 90124 028 ***150.00

Trust Fund Contribution.

1. Entity Name

ORLANDO FL 32803

2. Principal Place of Business



ORLANDO FL 32853

3. Mailing Address



FILED

Secretary of State

Mar 31, 2003 8:00 am

844 North Thornton Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3213412 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OTEGBEYE, AYODEJI Street Address (P.O. Box Number is Not Acceptable) 844 NORTH THORNTON AVE ORLANDO FL 32803

	<u> </u>		<u> </u>
8.	The above named entity submits this statement for the purpose of changing its registere	d office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.		

City

FILE NOW!!! FEE IS \$150.00

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

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing \$5.00 May Be

Added to Fees

Zip Code

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

10.	OFFICERS AND DIRECTOR	S	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R OTEGBEYE, AYODEJI 511 SYLVAN DR WINTER PARK FL 32789	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR DESAI, VIVEK 7703 TWIN PINES CT ORLANDO FL 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change	☐ Addition
TITLE NAME STREET ADDRESS - CITY-ST-ZIP	and the second of the second o	☐ Delete	TITLE NAME *STREET ADDRESS *** CITY-ST-ZIP		Change	Addition
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TITLE NAME STREET ADDRESS	,	Delete	TITLE NAME STREET ADDRESS		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)(1), 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

SIGNATURE: