## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P94000034581 **DOCUMENT #**



Apr 23, 2003 8:00 am Secretary of State

1. Entity Nan								04-23-2003 \$	90296 037 ***	150.00	
Principal Place of Business 41020 CLAY GULLY RD MYAKKA CITY FL 34251 US			Mailing Address 41020 CLAY GULLY RD MYAKKA CITY FŁ 34250 US								
2. Principal Place of Business			3. Mailing Address			{		A BANK OUES NAMED AND			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Number	Number <b>65-0499713</b> Applied For Not Applical				
Zip	Zip Country		Zip	p Countr		ntry	5. Certificate of	of Status Desired	□ \$8.75 Fee Re	Addition quired	nal
	6,_Name	and Address of Curren	Registere	d Agent			7_Name and	Address of New Re	egistered Agent		
						Name			Ŧ		
SMITH, WILLIAM J 41020 CLAY GULLY RD						Street Address (P.O. Box Number is Not Acceptable)					
MYAKKA CITY FL 34251							"		<u>-</u>		
						City			FL Zip	Code	
	e named entity tions of regist	y submits this statement f ered agent.	or the purp	ose of changing its	register	ed office or registe	ered agent, or both	i, in the State of Flor	rida. I am familiar	with, and	accept
SIGNATURE	Signature, typed	or printed name of registered agen	t and title if app	licable. (NOTE	: Registere	ed Agent signature require	red when reinstating)		DATE		
	II E NOWII	! FEE IS \$150.00		· <u>-</u> .	·	··· <u>·</u>					
Afte	r May 1, 200	3 Fee will be \$550.00 Florida Department o						ction Campaign Fina at Fund Contribution		55.00 M Added to I	
10.	<u>· · · · · · · · · · · · · · · · · · · </u>	OFFICERS AND		RS	11.		ADDITIONS/C	CHANGES TO OFFIC	CERS AND DIREC	TORS IN	11
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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: