FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT	r (UBR)
DOCUMENT# P.94000 4956 1. Entity Name Big K 9ne.	SECRÉTARY OF STATE DIVISION OF CORPORATIONS
, in the second	03 JUN 27 PM 1: 23
DO NOT WRITE IN THIS SI	PACE
2. Principal Place of Business 3. Mailing Address 8.0. BOX 1771	400021269734 07/02/0301030012 **150.00
10 BOX 1751	DO NOT WRITE IN THIS SPACE
City & State APOPKA, PL 3 APOPKA,	4. FEI Number Applied For S9-3254457 Not Applicable
72704 Country Zip 32704	Country 5. Certificate of Status Desired
	7. Name and Address of Current Registered Agent Namer Tr.
DO NOT WRITE	Street Address (P.O. Box Number is Not Acceptable)
IN THIS SPACE	3015 Windchime CIT W
	City Apopto, FL 3250303
The above named entity submits this statement for the purpose of changing its	s registered office or registered agent, or both, in the State of Florida.
SIGNATURE Signature, typed diprinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE	
9. This corporation is eligible to satisfy its Intangible Tax filing Tequirement and Sects to do so. (See criteria on back) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. Added to Fees	
11. OFFICERS AND DIRECTORS	TITLE
TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS SOIS Wind Chime Cir W	J TITLE NAME STREET ADDRESS CITY-ST-ZIP
THE Apopka 1 RL 32703	S I TITLE
NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME	TITLE NAME
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS DO NOT WRITE
TITLE	IN THIS SPACE
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TITLE :	TITLE NAME
NAME STREET ADDRESS	STREET ADDRESS
TITLE	CITY-SI-ZIP THILE
NAME STREET ADDRESS	NAME STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP .
13. 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 11 or on an attachment with an address with all other-like empowered.	
SIGNATURE SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #	

To whom it may Concern.

I did not reciond any notices for the,
your 2003 (ASK of orlands, Inc, Alysha Enterprising &
Big K, Inc, Marttand Ane, Inc.)
I did not wind any notices for the
year 2001, 2002, 2003, For wymere Edeperin
Julie

Al Jewid