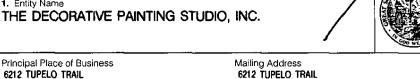
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P94000055852 DOCUMENT #

**BRADENTON FL 34202** 

2. Principal Place of Business



6212 TUPELO TRAIL **BRADENTON FL 34202** 

3. Mailing Address

6305	217th	Street East	6305 217t1	h Str	eet 1	East						
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE	IF MAKIN	, G CHANGE	·s	
							<u> </u>					
City & Stat	te nton,	ा	City & State Bradenton, FL				<b>4</b> . F	El Number 65-0506869		F	Applied For	
	iicom,										Not Applicable	
Zip 34211			Zip 34211	'		.y 5.		Certificate of Status Desired		\$8.75 A		
34211		7. Name and Address of New Registered Agent										
6. Name and Address of Current Registered Agent Name												
BUCHANAN, CHERYL A						•						
6212 TUPELO TRAIL						Street Address (P.O. Box Number is Not Acceptable) 6305 217th Street East						
BRADENTON FL 34202						USUS ZIZER STreet East						
DIV IDEIVI	1011 1 2 0 12	<b></b>										
					Bradenton				FL	- 342°	fi	
8. The above	named entity	y submits this statement for	the purpose of changing i	ts registere				ent, or both, in the State of Fig	rida. I am			
	tions of regist										Ì	
SIGNATURE												
SIGNATURE .	Signature, typed	or printed name of registered agent an	d title if applicable. (NC	TE: Registered	Agent signat	ure required w	vhen rei	einstating)	DATE	5		
	ILE NOWII	1 EEE IS \$150.00					$\neg \neg$			•		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00						9. Election Campaign Fina					.00 May Be	
Make Check Payable to Florida Department of State								Trust Fund Contribution	า, เ	_	led to Fees	
10.		OFFICERS AND D	IRECTORS	11.			ADI	DITIONS/CHANGES TO OFF	ČERS AN	D DIRECTO	RS IN 11	
TITLE	P		☐ Delete	TITLE						Change	Addition	
NAME		N, CHERYL A		NAME		6205		017 0		21		
STREET ADDRESS 4219 75TH PLACE CITY-ST-ZIP BRADENTON FL 34202				ET ADDRESS	D1							
CITY-ST-ZIP	RKÁDENII	UN FL 34202		CITY-	ST-ZIP	brau	en	ton, rL 34211				
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STREET ADDRESS	ļ				ET ADDRESS	}					ļ	
CITY-ST-ZIP	-		·		ST-ZIP			·	<del></del>			
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CITY-ST-ZIP					ST-ZIP	1						
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CITY-ST-ZIP					ST-ZIP							
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NAME				NAME								
STREET ADDRESS				STREE	T ADDRESS						1	
CITY-ST-ZIP				CITY-	ST-ZIP		_					
	1											

12. I hereby certify that the information supplied with this filling 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 atta-timent with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

□ Change

Addition

May 02, 2003 8:00 am § Secretary of State

**FILED** 

05-02-2003 90198 011 \*\*\*150.00