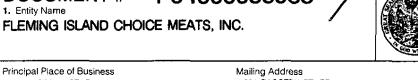
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P94000056953 **DOCUMENT #** 1. Entity Name





Principal Place of Business 4324 RAGGEDY PT. RD. ORANGE PARK FL 32073			Mailing Address 4324 RAGGEDY PT. RD. ORANGE PARK FL 32073											
2. Principal F	Place of Busin	ness	3. Mailing Address										1 7108 1111 1331	
Suite, Apt.	. #, etc.	·	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES						
City & State			City & State			4.	4. FEI Number 59-3259601					pplied For ot Applicable		
Zip Country			Zip	Zip Coui			5. Certificate of Status Desired			red [\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent								7. Name and Address of New Registered Agent					t	
						Name		•					-··. · · · · · · · · · · · · · · · · · ·	
BARLETT, 615 HWY	, Baron L A1A					Street Address (P.O. Box Number is Not Acceptable)								
SUITE 10														
PONTE V	EDRA BEAC	CH FL 32082						·- <u>-</u>	:		FL	Zip Cod	le	
	tions of regist	y submits this statement fi ered agent. or printed name of registered agent					registered ag		in the State		DATE	miliar with,	and accept	
After Se	ptember 10	! FEE IS \$550.00 , 2003 Fee will be \$750 Florida Department of OFFICERS AND	of State	nge	11.		٨٢	Trust	ion Campaig Fund Contri	bution.	<u> </u>	Adde	00 May Be d to Fees	
	P	OFFICERS AINL	DINECTO	* ******			AL	DDITIONS/CI	HANGES TO	OFFICER.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILKINSO 308 SILVE	IN, CARL IR SMITH LN VILLE FL 32216		☐ Delete					• , • .			□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete						· 		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete								☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	1							☐ Change	Addition	
TITLE NAME STREET ADDRESS			· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITE	E						☐ 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.

SIGNATURE:

Date

Davtime Phone #