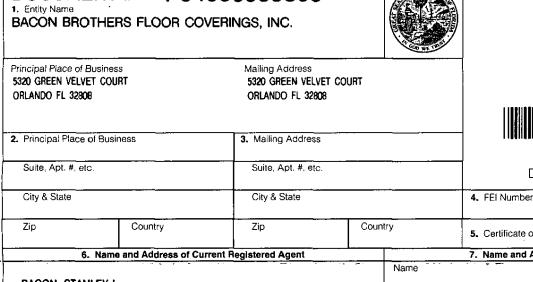
## **FILED** Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90209 031 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

P94000060509





☐ CHECK HERE IF MAKING CHANGES

DATE

59-3294362

\$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent BACON, STANLEY I

5320 GREEN VELVET COURT	Street Address (P.O. Box Numb	per is Not Acceptable)
ORLANDO FL 32808		
	City	FL Zip Code
. The above named entity submits this statement for the purpose of	of changing its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept

3.	The above named entity submits this statement for the	he purpose of changing its registe	ered office or registered age	nt, or both, in the Stat	te of Florida.	I am familiar with,	and accep
	the obligations of registered agent.						

(NOTE: Registered Agent signature required when reinstating)

	FILE NOW!!! FEE	IS \$150.00	
	After May 1, 2003 Fee	will be \$550.00	
Make	Check Payable to Florid	a Department of Sta	l

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

Not Applicable

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ■ Addition TITLE ☐ Delete Change BACON, STANLEY L NAME NAME 5320 GREEN VELVET COURT STREET ADDRESS STREET ADDRESS ORLANDO FL 32808 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BACON, SAMUEL L NAME STREET ADDRESS 5121 SOUTH COUNTY RD 561 STREET ADDRESS CITY-ST-ZIP CLEREMONT FL 34711 CITY-ST-ZIP ☐ Delete -- --TITLE -☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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.