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



**FILED** May 01, 2003 8:00 am & Secretary of State

05-01-2003 90176 016 \*\*\*150.00

NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STRET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STRET ADDRESS								<b></b>					
Suite, Apt. 4, etc.  Suite, Ap	250 N. ORANGE AVE. SUITE 1700			250 N Suite	250 N. ORANGE AVE. SUITE 1700								
City & State  St	2. Principal P	Place of Busin	ess	3. Mai	3. Mailing Address				I 1884/1886 III (BIII BIBAL BBIA	iii <b>16</b> 18 <b>6018 0</b> 1	<b>                                    </b>		
Section   Sect	Suite, Apt.	#, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
Section   Sect	City & State			City & State					4. FEI Number 59-3267154		F		
Name	Zip Country			Zip Cour			try		5. Certificate of Status Desired				
BRADLEY, RICHARD  183 EAST VINE STREET SUITE 207  KISSMMEE F1 34744  8. The above named entity submits this statement for the purpose of changing its registered dilice or registered agent, or both, in the State of Florida. I am familiar with, and account in the obligations of registered agent.  SIGNATURE    Summar   Specific or printed register and specific or printed register and specific or registered dilice or registered agent, or both, in the State of Florida. I am familiar with, and account in the obligations of registered agent.  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.		6. Name	and Address of Curren	t Registere	ed Agent			+-	7. Name and Address of New F	egistered A	gent		
Street Address (P.D. op Number is No) Accordables   R.D.	DOADLEV	DICHARD					Name	AD	E JOHNSON	<del></del>	<u></u>		
SUITE 207 KISSIMMEE FL 34744  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent are site interested.  SIGNATURE  Signature species or printed right in registered agent are site interested.  SIGNATURE  Signature species or printed right in registered agent are site interested.  SIGNATURE  Signature species or printed right in registered agent are site interested.  SIGNATURE  Signature species or printed right in registered agent are site interested.  SIGNATURE					Street A			ess (P	s (P.O. Box Number is Not Accentable)				
B. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accidented by the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidented by the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accidented by the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accidented by the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accidented by the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accidented by the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accidented by the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accidented by the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accidented by the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accidented by the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accidented by the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accidented by the purpose of the purpose							#	21	<u>کی کی در ا</u>		<b>-</b>		
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence the obligations of registered agent.    SIGNATURE	KISSMMMEE FL 34744						City O	RL	ANDO	FL	Zpcod	308	
SIGNATURE    Signature   Signa	8. The above	named entity	submits this statement f	or the purp	ose of changing its	registere				orida. I am fa	miliar with,	and accept	
Signature, purpose or primate region for ingressed angient and plant in Mark   Note	the obligations of registered agent.  What has been supported by the support of t												
After May 1, 2003 Fee will be \$\$50.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STRE	SIGNATURE.	Signature, typed	or printed name of registered agen	t and title if app	olicable. (NOTE	E: Registere	d Agent signature re	equired v	when reinstating)	DATE	705		
TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRE	After May 1, 2003 Fee will be \$550.00												
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET A					RS	11.			ADDITIONS/CHANGES TO OFF	ICERS AND [	DIRECTORS	3 IN 11	
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NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS	i			☐ Delete	NAMI STREI	E Et address				☐ Change	Addition	
12. Thereby cartify that the information symplicit with this filling does not qualify for the examption stated in Section 119.07(3V). Florida Statutes Lifurther cartify that the information	NAME STREET ADDRESS CITY-ST-ZIP				·	NAME STRE	ET ADDRESS -ST-ZIP					Addition	

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:** 

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