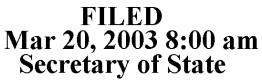
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000081520



Principal Place of Business 209 W OAKRIGE ROAD ORLANDO FL 32809 OVIEDO FL 32765 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.		
		I II IFOEL BARLINA
Suite, Apt. #, etc.	C CHANGE	
CHECK HERE IF MAKING	CHECK HERE IF MAKING CHANGES	
City & State City & State 59-3288624	4. FEI Number 59-3288624 Applied For Not Applicable	
Zip Country Zip Country 5. Certificate of Status Desired	\$8.75 Ac Fee Require	dditional
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered	Agent	
Name		
MILLER, ARLENE R 478 MEAD DR. Street Address (P.O. Box Number is Not Acceptable)	ress (P.O. Box Number is Not Acceptable)	
OVIEDO FL 32765		
City FL		Ī
 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 the obligations of registered agent. 	familiar with,	, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	<u>.</u> .	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution.		00 May Be
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	R IN 11
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. bereby certify that the information cumplied with this filling does not applied to the control of the control o	☐ Change	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

SIGNATURE: