2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000000835



FILED Mar 24, 2003 8:00 am Secretary of State

LOUIS G. HECK CERTIFIED PUBLIC ACCOUNTANT, P.A.							03-24-2003 90203 019 ***150.00			
Principal Place of Business 321 S DILLARD ST WINTER GARDEN FL 34787 US			Mailing Address P O BOX 770486 WINTER GARDEN FL 34777				. (1881) (1881 1886 1886) 1886 1886 1886 1886 1886 1886 1886 1886 1886 1886 1886 1	Dig es gl ac ad a		
2. Principal	Place of Busin	ess	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 59-3307525			pplied For ot Applicable	
Zip Country				Country				\$8.75 Ad	\$8.75 Additional see Required	
	6. Name	and Address of Currer	it Registered Agen	egistered Agent			7. Name and Address of New Registered Agent			
	دسد استان				<u>- Name</u>					
HECK, LO 321 S DIL	duis G Llard St						O. Box Number is Not Acceptab	le)		· .
WINTER (GARDEN FL	34787				, , , , , , , , , , , , , , , , , , ,			7.7	
					City	~		FL	Zip Cod	le
8. The above the obliga	e named entity ations of registe	submits this statement red agent.	for the purpose of c	hanging its regi	stered office or r	egistered	agent, or both, in the State of F	lorida. I am fa	amiliar with,	and accept
SIGNATURE	Signature, typed o	r printed name of registered ager	nt and title if applicable.	(NOTE: Regi	istered Agent signature	e required wh	nen reinstating)	DATE		
Afte A	r May 1, 2003	FEE IS \$150.00 B Fee will be \$550.00 Florida Department	State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	,	OFFICERS ANI	DIRECTORS		11.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR!	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HECK, LOU 321 S DILL WINTER GA	is G ARD ST RDEN FL 34787			TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
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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:

Daytime Phone #