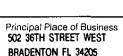
FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90402 031 ***150.00

P95000001214



Mailing Address

502 36TH STREET WEST

BRADENTON FL 34205

Principal Place of Business Address Mailing Address				-)(98III 88I	91 11919 HUNI	rimit mini jani
F.O. BO		P.O. BOX 233							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State City & State						4. FEI Number 65-0546328		Ar	oplied For
LONGA	DAT KEY FI	LONGBOAT KEY FI						No	ot Applicable
3422	Country	34228	_Countr	у -	5. C			\$8.75 Additional Fee Required	
Name and Address of Current Registered Agent					7. N	lame and Address of New Regis	tered Ag	ent	
JAMES D JACKMAN, P.A. 4608 26TH ST W BRADENTON FL 34207				Name Street Address (P.O. Box Number is Not Acceptable)					
DIVIDENTON FE 34207									
				City			FL	Zip Cod	е
8. The above	named entity submits this statement for	or the purpose of changing its	registered	office or rec	nistered age	ent, or both, in the State of Florida.		 niliar with.	and accept
	tions of registered agent.	or the purpose of officing his	g.		g.c.,c				
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financi Trust Fund Contribution.	ng 🗆		May Be i to Fees
10. 3	OFFICERS AND	DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFICER	S AND E	IRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPT KESSLER, WILLIAM 502 36TH ST W BRADENTON FL 34205	☐ Delete	TITLE NAME STREET CITY-S	TADDRESS ST-ZIP			[□ Change	☐ Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDC KESSLER, WILLIAM 502 36TH ST W BRADENTON FL 34205	☐ Delete		ADDRESS		# 1		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	模型	□ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	ADDRESS it-zip			[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			[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.

