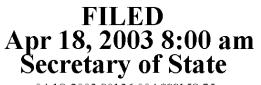
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) POSOCOO DOCUMENT



1. Entity Name C.F.P.I. & I. INC.								04-18-2003 90136 004 ***158.75			
Principal Place of Business 551 N. HIGHWAY 17-92 LONGWOOD FL 32750				Mailing Address 551 N. HIGHWAY 17-92 LONGWOOD FL 32750				1 10 011 0 01 110 1 010 1 0111 0 0111	11 21 111 2112 1 12112 12112		
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF M	AKING CHANGES		
City & Stat	е		City	City & State			4.	FEI Number 59-3294510		oplied For ot Applicable	
Zip	Zip Country				try	5.	Certificate of Status Desired [\$8.75 Add Fee Require	ditional ed		
	6. Name	and Address of Curr	ent Registere	ed Agent		7. Name and Address of New Registered Agent					
						Name ·					
ERBER, IRA A.					مسي	"Street Address (P.O. Box Number is Not Acceptable) -					
551 N. HIGHWAY 17-92 LONGWOOD FL 32750							•				
2011011000 12 02/00						City FL Zip Code					
the obligat	Signatur Typed	ered agent. or printed name of registered a	<u>Oh</u>	ec		ed office or red		pent, or both, in the State of Florida 4/15 einstating)	l am familiar with,	and accept	
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.	, _ , _ , _ , _ , _ , _ , _ , _ , _	May Be to Fees	
10.	1	OFFICERS A	ND DIRECTO		11.		ΑĽ	DDITIONS/CHANGES TO OFFICER			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	***************************************								☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EGNAWOOD E SE/SU			□ Delete		E ET ADDRESS -ST-ZIP		☐ Change ☐ A		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		and the second s		☐ Delete					☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	•				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	•				☐ 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 life empowered.

SIGNATURE: