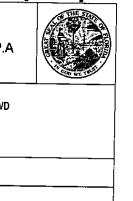
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P95000017175 **DOCUMENT #**

1. Entity Name

LAW OFFICER OF



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90497 045 ***150.00

·	FICES OF PALMER, REIFL	er & Associa	ATES, P.A		1		
Principal Place of Business 1900 SUMMIT TOWER BLVD 540		Mailing Address 1900 SUMMIT TOWER BLVD 540					
ORLANDO F	FL 32810	ORLANDO FL	32810				# 1 363 / 4 (7) (36)
2. Principal Place of Business		3. Mailing Addr	ess	<u>.</u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKIN	C CHANCE	r
City & State		City & State			4. FEI Number 59-3309 106 Applied For		
Zip Country		Zip	Zip Country			\$8.75 Ac	Not Applicable
	6. Name and Address of Currer	nt Registered Agent		<u> </u>	5. Certificate of Status Desired	Fee Requir	ed
	·		· · · · · ·	Name	7. Name and Address of New Registered	Agent -	<u> </u>
	, James R Mmit Tower Blvd		Street Addres		(P.O. Box Number is Not Acceptable)		
540	*						
ORLAND	O FL 32810			City	· · · · · · · · · · · · · · · · · · ·		
8. The above	: named entity submits this statement	for the purpose of the		'	<u> </u>	Zip Coc	
the obliga	tions of registered agent.	tor the purpose of cha	anging its registere	ed office or register	ed agent, or both, in the State of Florida. I am	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered ager			·			
	FILE NOW!!! FEE IS \$150,00	and title if applicable.	(NOTE: Registered	d Agent signature required	when reinstating) DATE		
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	of State			9. Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	00 May Be d to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PALMER, JAMES R 1900 SUMMIT TOWER BLVD SU ORLANDO FL 32810	□ De ITE 540	NAME STREE			☐ Change	☐ Addition
TITLE		Del				☐ Change	Addition
NAME STREET ADDRESS			NAME			□ Change	
CITY-ST-ZIP			STREE	T ADDRESS ST-ZIP			}
TITLE NAME STREET ADDRESS		☐ Del	ete TITLE NAME	"-1 · T		Change*	Addition 7
CITY-ST-ZIP			STREET CITY-S	T ADDRESS ST-ZIP			
Title Name		☐ Dele	ete TITLE			☐ Change	☐ Addition
STREET ADDRESS			NAME STREET	ADDRESS			_
CITY-ST-ZIP			CITY-S	1			
ritle Name		☐ Dele	ete TITLE			Change	Addition
STREET ADDRESS			NAME STREET	ADDRESS	1		
DITY-ST-ZIP		-	CITY-S				
TTLE IAME		☐ Dele				☐ Change	Addition
TREET ADDRESS			NAME STREET	ADDRESS		•	
CITY-ST-ZIP			City-St	r-zip			
2. Thereby ce indicated o	ertify that the information supplied with	this filing does not qu	alify for the exemp	otion stated in Sect	ion 119.07(3)(i), Florida Statutes. I further certif	v that the inf	formation

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: I further certify that the information 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:

SIGNATURE AND TYPED OF

Date

Daytime Phone #