2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P95000021895 DOCUMENT

1. Entity Name

NAME

TITLE

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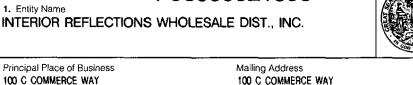
NAME STREET ADDRESS

TITLE

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CITY-ST-ZIP

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FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91508 032 ***150.00

100 C COMMERCE WAY SANFORD FL 32771		100 C COMMERCE WAY SANFORD FL 32771						
2. Principal Place of Business		3. Mailing Address				891	H166 CH1 H001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4.	59-3308165	Applied For Not Applicable		
Zip	Country	Zip	Country	5. (\$8.75 Add Fee Require	ditional	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
			- Name	Name				
GRIFFIN,	JOHN E		Street Address (P.O.		lox Number is Not Acceptable)			
15483 SW	V 80TH AVENUE			onest Address (1.6. Box Admiss As Addeptable)				
SUMMER	FIELD FL 34491							
			City		FL	Zip Cod	e	
the obligat	tions of registered agent. Signature, typed or printed name of registered agen		E: Registered Agent signature requ		ent, or both, in the State of Florida. I am fa	ansital 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				ļ	9. Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
10.	OFFICERS AN	D DIRECTORS	11.	AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTOR:	\$ IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFIN, JOHN E : 15483 S.E. 80TH AVE SUMMERFIELD FL 34491	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~ , ~		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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:

☐ Change

☐ Change

☐ Addition

■ Addition