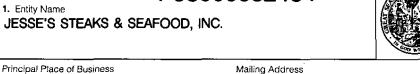
## **FILED** Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90277 046 \*\*\*150.00

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

P95000052454 DOCUMENT #



524 WEST BRANDON BLVD. BRANDON FL 33511  2. Principal Place of Business  Suite, Apt. #, etc.  City & State		524 WEST BRANDON BLVD. BRANDON FL 33511  3. Mailing Address  Suite, Apt. #, etc.  City & State									
				CHECK HERE IF MAKING CHANGES  4. FEI Number NOT APPLICABLE  Not Applied For No							
							Zìp	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
							····	6. Name and Address of Curr	ent Registered Agent	Name	7. Name and Address of New Registered Agent
206 MAS BRANDO 8. The above	tions of registered agent		City	dress (P.O. Box Number is Not Acceptable)  FL Zip Code registered agent, or both, in the State of Florida. I am familiar with, and accept							
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550. k Payable to Florida Departmen	00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees							
10.		ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D'AMICO, FRANK J 524 WEST BRANDON BLVD. BRANDON FL 33511	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition							
TITLE	1	☐ Delete	TITLE	L. Change ∟ Addition							

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'AMICO, FRANK J 524 WEST BRANDON BLVD. BRANDON FL 33511	☐ 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 Delete	NAME STREET ADDRESS CITY-ST-ZIP	1, E Programa o - combinado de la compaña	☐ 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	7, 110	☐ 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

12. I hereby certify that the information supplied with his 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 strue 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 expressed 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

**SIGNATURE:**