2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam		UU59229 , INC. 			FILED 03:APR 14 PM	1: 54	<u>></u>
150 SPARTAN MAITLAND FL US	32751	Mailing Address POST OFFICE BOX 367 BABSON PARK FL 33827 US			SECRETARY OF S TALLAHASSEE, FL	IAIE ORIDA	
	N. Craycroft Rd. #, etc.	3. Mailing Address 620 N. Cro Suite, Apt. #, etc.	ayeroft s	Rd.	CHECK HERE IF MAK	(ING CHANGES	
City & Stat		City & State	1Z		4. FEI Number 59-3329935	├	oplied For ot Applicable
2ip 8571	50 USA 6. Name and Address of Current	Zip 85750	Country	÷ '}	 Certificate of Status Desired Name and Address of New Register 	\$8.75 Add Fee Require	
BABSON F	CHILD STREET PARK FL 33827	· · · · · · · · · · · · · · · · · · ·	City	ddress g	0011011	yster Rd =L 333	124
the obligate	tions of legislered agent. By: Signal typed or printed name of registered agent.	Callere Cano		llerne		4/7/03	and accept
After Make Check	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of				Election Campaign Financing Trust Fund Contribution.	Added Added	00 May Be d to Fees
STREET ADDRESS	P EHRLICH, IRA S 141 FAIRCHILD STREET BABSON PARK FL 33827	DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cho 620	ADDITIONS/CHANGES TO OFFICERS. tcher McCusker urman & Director N. Craycroft Son, Az 85711	AND DIRECTOR: ☐ Change	S IN 11 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mar Pre	tin Favis sident + Director knollwood Estates D nond Beach, FL 32	Change	X Addition €
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5ec Mic 620	retary/Treasurer hael Deitch on. Craycroft Rd. son, AZ 85711	Change	⊠ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		800017550 04/30/0301032021	□ Change 1188 **150.6	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
indicatéd of the cor	on this report or supplemental report is	true and accurate and that movered to execute this report a	ny signature shall h	ave the sa	tion 119.07(3)(i), Florida Statutes. I further ame legal effect as if made under oath; tha Florida Statutes; and that my name appea	at I am an officer	or director

SIGNATURE: _

3/26/03 Date

520-748-7108 Daytime Phone #