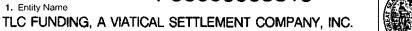
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P95000063819 DOCUMENT #

SIGNATURE:

1. Entity Name





04-07-2003 90948 020 \*\*\*150.00

FILED
r 07, 2003 8:00 am
ecretary of State
4 07 2002 00040 020 ***1 50 00

Daytime Phone #

Principal Plac 960 SUMMER ORLANDO FL	LAKES DR.		Mailing Address 960 SUMMER LAKES DR. ORLANDO FL 32835					181 <b>88</b> 11 <b>0 8</b> 31 <b>00</b> 2417		(212 121) (121 (212 121) (121	
2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1	CHECK HERE IF MAKING CHANGES				
City & State			City & State			<b>4.</b> f	FEI Number <b>59-3333446</b>			pplied For	
Zip		Country	Zip	Zip Coun			5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
OTTS, ELIZABETH D 960 SUMMER LAKES DR.					Name Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO FL 32835					City	FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.   am familiar with, and accept the obligations of registered agent.											
SIGNATURE .	Signature, typed o	r printed name of registered age	nt and title if applicable. (NOTI	E: Registere	d Agent signature require	ed when re	einstating)	DATE			
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 Financ Trust Fund Contribution.			0 May Be to Fees	
10.	Γ	OFFICERS AN	D DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICE	RS AND DIRE	CTORS	IN 11	
NAME STREET ADDRESS	PCEO OTTS, ELIZ 960 SUMMI ORLANDO I	er lakes dr.	☐ Đelete					C1	nange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	4				Cr	lange	Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	The product of the table		Delete					_ C	ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					<u></u> C+	lange	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ C1	ange	Addition	
indicated of the cor	on this report poration or the	or supplemental report receiver or trustee emp chment with an address	is true and accurate and that in	ny signat as requir	ure shall have the	same l	119.07(3)(i), Florida Statutes. I fur legal effect as if made under oath da Statutes; and that my name ap	i; that I am an c	officer o	or director	