2003 FOR PROFIT CORPORATION

ะ บัก	eiFOR	M BUSINE	SS REPOR	T (	JBR'	}		. *		* ***	<u>.</u>				
	MENT				7 FILED										
1. Entity Na		" 311200	00				]								
Crum	L Scen	•		開西			03	YAM	-	PH 3	: 17				
			•			Test	)	_							
Principal Pla	ace of Business	<del></del>	Malling Address	<del></del> -	·			S	ECRE	ARY	OF, S	TATE	_		
601 S. FALKENBURG RD.			P.O. BOX 2818				SECRETARY OF STATE TALLAHASSEE. FLORIDA								
STE. 14-1 & 14-2			BRANDON FL 33509	•					•	-			-		
TAMPA FL S	33619		ับร					-1							
	Place of Busin	963	3-Mailing Address	0 7 (	20		i								
			P.O. BOL 89398				]								
Suite, Ap	it, #, etc.		Suite, Apt. #, etc.				}		☐ CH	ECK HE	RE IF I	MAKIN	3 CHAN	GES	
City & St	oto.		City & State				A E	1 Alicente	<del></del>			100	<del></del>	14-	plied Fo
			Sampa, FL				. "		<sup>er</sup> 59	-3	45,	142	9 F		ot Applica
Zip		Country	22/ 97 MAI		Country			5. Certificate of Status Desired					\$8.75 Additional		
	6. Name and Address of Curre		33689-0406		USA								equired		
	o' Minie	and Address of Current	Magisterad Agent		Name		7. N	me and	Addres	S OI NE	w Hegi	stered	Agent	·	
POWELL	, DAVID G.														
	ULF BLVD		.*		Street A	ddress (F	P.O. Bo	k Numbe	er is Not	Accept	abie)				
REDINGTON BEACH FL 33708					<del></del>		<del></del>								
					City			FL Zip Code						Α	
·				لبب	<u> </u>								<b>-</b> } `		
the obliga	e named emily ations of registe	rsubmits inis statement for Fred agent.	the purpose of changing its	registere	KI OTTICE OF	registere	ed ager	nt, or bot	in, in ino	State o	Florida	a. lam	tamiliar	with,	and acce
		-													
SIGNATURE	Signature, typed o	r printed name of registered agent a	nd title # applicable. (NOTE	Registered	Agánt signatu	Fe required v	when rein	rlating)	<del></del>			DATE	<u> </u>		<del>``</del>
	na stova	eren signime s													
			•					etion Ca est Fund			ing F			O May B	
<b>新新新</b>		Clarific Manager and Control	1316111112 1316111112											_	
10.	10.	OFFICERS AND I	DIRECTORS  Delete	11.			ADD	TIONS/	CHANG	ES TO	DFFICE	RS AND			
NAME	Do	11 stand	Delete	· ITILE·									Cha	_	Addit
STREET ADDRESS	12562	5 bull Bly	di con co	STREE	T'ADDRESS (		(2)=	700	<b>)O 1</b> 13U	84	54	71	7		
CITY-ST-ZIP	Kidu	ictor Brack	41. 33708	CITY-	ST-ZIP	·i	<u>. U</u> 5	70770	130	1071-	008	3 **	*150.	00	
LLÍTE	P	8	Delate	TITLE									☐ Cha	nge	☐ Addit
NAME STREET ADDRESS	POWELL, D 15825 GUL	JAVIU E:BI \ <i>I</i> D		NAME	T ADORESS	,									
CITY+\$T-ZIP		N BEACH FL 33708			ST-ZIP										
TITLE			☐ Deleta	TITLE	<del></del> †								Cha	nge	Addit
NAME	·" .	gentle in the second	, e - • • •	NAME										•	_
STREET ADDRESS	}				T ADDRESS ST-ZIP										
CITY-ST-ZIP	ļ <u>.</u>			<del></del>	51-2F	<del></del> -							·		(7)
TITLE NAME	1		C Delete	TITLE	l								Char	ige	Addit
STREET ADDRESS					ADDRESS										
CITY-ST-ZIP				CITY-S	5T-2IP										
MF			- Delete	TITLE	ſ			_					☐ Chan	Q8	Additi
name Street address	}	•		NAME	ADDRESS										
CITY-SY-ZIP				CITY-S	i i										
TITLE			☐ Delete	TITLE							<del></del>		Chan		☐ Additi-
NAME		•	-	NAME	- [										
street adoress	ŀ									•					
CITY OF NO. 1			•		ADDRESS T-71P				•	•					
CITY-ST-ZIP	ordife that the 1-	oformation supplied with the	nis filing does not qualify for t	CITY-S	T-ZIP	d in Sect	lion 110	07(3)//	Florida	Statute	e   furth	har car	ify that th	ne Infe	vmethy.

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 if am an officer or director of the corporation or the receiver of mistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 I changed, or on an attackment with an address, with all other like ampowered.