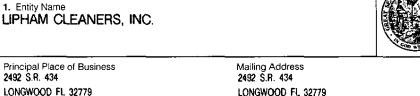
FILED 2003 FOR PROFIT CORPORATION Apr 28, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P95000092150



04-28-2003 90994 033 ***150.00



2. Principal Place of Business		3, Mailing Address			d	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	CHECK HERE IF MAKING CHANGES	
City & State C		City & State		4. FEI Number 59-3366966 Applied For Not Applied For	ble	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent		
LONG, GAIL			Name Street Ado	Name Street Address (P.O. Box Number is Not Acceptable)		
1424 DRUID ROAD MAITLAND FL 32721						
			City	FL Zip Code		
	named entity submits this statement for ions of registered agent.	the purpose of changing it	s registered office or re	registered agent, or both, in the State of Florida. I am familiar with, and accept	pt	
SIGNATURE .	Signature, typed or printed name of registered agent ar	d title if applicable. (NO	TE: Registered Agent signature	re required when reinstating) DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	э	
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST HARRISON, KATHY P.O. BOX 160365 ALTAMONTE SPRINGS FL 32716	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	ion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	ion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 mm · · · P de — · · _ · · · · · · ·	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change Additi	on ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	on	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS C1TY-ST-ZIP	☐ Change ☐ Addition	on	

12. I hereby certify that the information supplied with this 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 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:

CR2E034 (10/02)