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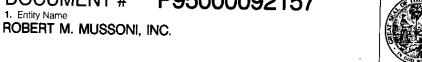
Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90186 032 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000092157 DOCUMENT

1. Entity Name





				•	GOO WE THE						
Principal Place of Business 7816 KINROSS DRIVE NEW PORT RICHEY FL 34653		7816	Mailing Address 7816 KINROSS DRIVE NEW PORT RICHEY FL 34653				i (201/201 //0 (0)0) birni bakir esini bi	******	#1 56 1 28 6 1	 	
2. Principa	l Place of Business	3. Ma	ailing Address			_					
Suite, Ar	pt. #, etc.	Su	Suite, Apt. #, etc.								
City & Ct							CHECK HERE IF MAKING CHANGES				
City & St	ate	Cit	City & State			4.	1 35 3345340		opplied For		
Zip Country		Zip	Zip		Country		Certificate of Status Desired		.75 Ac	lot Applicable dditional	
	6. Name and Address of Cur	rent Register	ed Agent	<u> </u>			Name and Address of New Regis		Require	<u>ed</u>	
	The second secon				'Name"		Traine and Address of New Regis	stered Age	nt		
	II, ROBERT M IROSS DRIVE		Street Addre			ss (P.O. I	s (P.O. Box Number is Not Acceptable)				
	RT RICHEY FL 34653					<u>, </u>			_		
A INCAN FOR	NI RIORET PL 34633										
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	·				City				Zip Coc		
SIGNATURE	Signature, typed or printed name of registered	agent and title if app			Agent signature requ			DATE	iar with,	and accept	
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550 k Payable to Florida Departme	.00 nt of State					Election Campaign Financi Trust Fund Contribution.	ing		00 May Be d to Fees	
TITLE \$ 0	P 2	ND DIRECTO		11.		AD	DITIONS/CHANGES TO OFFICER	S AND DIR	ECTOR:	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	MUSSONI, ROBERT M 7321 TROUBLE CREEK RD- # NEW PORT RICHEY FL 34652	[‡] 1011	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP				Change	· Addition	
TITLE		<u>-</u>	☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS			-	NAME				_	- mango		
CITY-ST-ZIP		-		STREET CITY-S	ADDRESS ST-ZIP						
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TREET ADDRESS				STREET 4	Annress						

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: