UN DOCUI 1. Entity Nam		e ss repor 00012446	RATION T (UBR)	FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90110 042 ***150.00		
Principal Place 908 E PARKEL LAKELAND FL US 2. Principal P	R ST	Mailing Address 908 E PARKER ST LAKELAND FL 33801 US 3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			
City & State	e	City & State		4. FEI Number 59-3513237 Applied For		
Zip	. Country	Zip	Country	5. Certificate of Status Desired Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current	I Registered Agent		7. Name and Address of New Registered Agent		
³ GUARD; PIERCE J.J.R. 908 E PARKER ST LAKELAND FL 33801			_	Name Street Address (P.O. Box Number is Not Acceptable)		
			City	FL Zip Code		
FI After Make Check	Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 a Payable to Florida Department of	of State	E: Registered Agent signature re	Prequired when reinstating) DATE DATE		
10.	OFFICERS AND		11. TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS CITY-ST-ZIP	GUARD, PIERCE J 2102 SAKON LANE LAKELAND FL 33810		NAME STREET ADDRESS CITY- ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BINGHAM, SIDNEY D 14074 BLACKJACK ROAD DOVER FL 33527	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
STREET ADDRESS CITY - ST - ZIP	SD Guard, Susan O 2102 Saron Lane Lakeland FL-33810	Delete	TITLE NAME STREET ADDRESS	Change Addition		
NAME STREET ADDRESS	TD Bingham, LISA D 14074 Blackjack Road Dover FL 33527	C 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		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	🗍 Change 🗌 Addition		
 I hereby ce indicated o of the corp changed, o SIGNATION 	On this report or supplemental report is soration or the receiver or trusten empo or on an attachment with an address	s true and accurate and that r overed to execute this report with all other live empowered.	ny signature shall have as required by Chapter	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information re the same legal effect as if made under oath; that I am an officer or director er 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if $RED \overline{JDE}$ $1/7/03$ $863-802-0764$ Daytime Phone #		