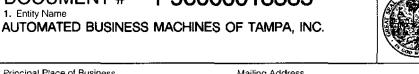
## **FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90140 013 \*\*\*150.00

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

P96000013885 **DOCUMENT #** 

1. Entity Name





<u> </u>				100	7				
Principal Place of Business 926 E 124TH AVENUE SUITE G TAMPA FL 33612		Mailing Address 5334 LEISURE STREET RIDGE MANOR FL 33523				I INDINADI IND IBNA BINA BANA NASHI NASHI NASH	<b>1</b> 181 # <b>2688</b> 111 <b>8</b> 1 #8181	ARIRA RAYA IRRA	
		,							
2. Principal Place of Business		3. Mailing Address				t sokranda i ka hanim ahtin balka dakit anara ak	\$100 E1##N 114NF 18180	EB   B   1   1   1   1   1   1   1   1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			7	CHECK HERE IF MAKING CHANGES			
City & State		City & State			4	59-3368821		oplied For ot Applicable	}
Zip	Country	Zìp		ountry		. Certificate of Status Desired	\$8.75 Ade Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name					
PECK, EDWIN			Street Addres	 ss (P.O.	. Box Number is Not Acceptable)			1	
259 4TH AVE N									4
ST PETERSBURG	FL 33701								
		•		City			Zip Cod	le	1
8. The above named e	entity submits the statement for	or the purpose of changing	its register	L ed office or regis	stered a	agent, or both, in the State of Florida.	am familiar with,	and accept	1
the obligations of re	egisteredo/egerk/		_		_			_	
SIGNATURE	4(4/)	Dam K	(DBER	れ ひがく	165	SPRES. 4.2	1.200	3	}
SignAture, t	typed of printed name of registered agent	and title if applicable. (I	NOTE: Registere	ed Agent signature requ	uired wher		TE		
FILE NO	W!!! FEE IS \$150.00								1
- After May 1,	2003 Fee will be \$550.00 le to Florida Department o	of State				Election Campaign Financing     Trust Fund Contribution.		May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	1
TITLE PS		☐ Delete	TITLI	E			☐ Change	☐ Addition	3
	S, ROBERT G			IE					(10/02
				EET ADDRESS					Š
	MANUH F 33523			'-ST-ZIP					ļ
TITLE		☐ Delete	TITLI	_			☐ Change	Addition	5
NAME STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				'-ST-ZIP					
TITLE		☐ Delete	TITLE	E		······································	Change	☐ Addition	1
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- STREET ADDRESS-				ET ADDRESS					
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NAME STREET ADDRESS			NAM	ie Eet address					
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	1
NAME ;		□ Delete	NAM				L_1 Griange		
STREET ADDRESS:				ET ADDRESS					}

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 must be 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 attach withail other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

☐ Change

☐ Addition