2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000023455





FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90034 034 ***150.00

Principal Place 8435 STEMMON DALLAS TX 752 US	S FREEWAY	1 FIRS	g Address BT AMERICAN WAY A ANA CA 92707								
2. Principal Place of Business 3. Ma			Mailing Address					<u> 3844 00110 1</u>	O IIII OKOOL O		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 59-3371395			Applied For Not Applicable		
Zip Country				Countr	5. U		Certificate of Status Desired F		\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registere	ed Agent	-	•.	7. N	lame and Address of New R	egistered A	gent		
	<u> </u>				Name						
CORPORATION SERVICE COMPANY					Street Address (P.O. Box Number is Not Acceptable)						
1201 HAYS				F		_					
TALLAHAS	SEE FL 32301			ļ							
				Ī	City			FL	Zip Code	9	
					1 -ff:	torad ag	ant or both in the State of Ele	orida. Lam fa	miliar with	and accept	
8. The above the obligation	named entity submits this statement for ons of registered agent.	or the purp	oose of changing its	registered	office of regis	stered age	grit, or both, writtle state or ric	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
SIGNATURE _	Signature, typed or printed name of registered agent	and title if apr	olicable. (NOT	E: Registered	Agent signature requ	uired when re	instating)	DATE			
					.		· · · · · ·				
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00	d Chada					 Election Campaign Fit Trust Fund Contribution 			0 May Be I to Fees	
Make Check	Payable to Florida Department of		<u> </u>				DITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
10.	OFFICERS AND	DIRECTO		11.		AD	DITIONS/CHANGES TO OFF	TOERS AND	☐ Change	Addition	
TITLE	D SAFEKER C		☐ Delete	TITLE					onlinge		
NAME	KENNEDY, PARKER S			NAME	T'ADDRESS						
	114 FIFTH STREET				ST-ZIP						
CITY-ST-ZIP	SANTA ANA CA 92701				31-211				Change	☐ Addition	
TITLE	D		☐ Delete	TITLE					[_] Change	Addition	
NAME	LONG, JOHN W			NAME	T 1000000						
STREET ADDRESS	150 SECOND AVENUE NORTH	SUITE 16	500		T ADDRESS ST-ZIP						
CITY-ST-ZIP	ST. PETERSBURG FL 33701				51-ZIF				☐ Change	☐ Addition	
TITLE -	SD		- Delete	TITLE	-		,		C Cuange		
NAME	ZINDA, CRAIG J	O. UTT 46	200	NAME	T ADDRESS						
STREET ADDRESS	150 SECOND AVENUE NORTH	SUITE 16	500		ST-ZIP						
CITY-ST-ZIP	ST. PETERSBURG FL 33701				01 217				☐ Change	☐ Addition	
TITLE	T		☐ Delete	TITLE	1				Onlarige		
NAME	ABIDE, RAYMOND G JR			NAME	T ADDRESS						
STREET ADDRESS	8435 STEMMONS FREEWAY				ST-ZIP						
CITY-ST-ZIP	DALLAS TX 75247-3907			-				···	☐ Change	Addition	
TITLE	P DANDO BADDY M		☐ Delete	TITLE NAME							
NAME	SANDO, BARRY M				T ADDRESS						
STREET ADDRESS CITY-ST-ZIP	8435 STEMMONS FREEWAY				ST-ZIP						
	DALLAS TX 75247				 +-		<u> </u>		☐ Change	Addition	
TITLE	AS COURS KATHEEN M		☐ Delete	. TITLE							
NAME	COLLINS, KATHLEEN M				T ADDRESS						
STREET ADDRESS	1 FIRST AMERICAN WAY				ST-ZIP						

12. Thereby 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: 1

1/28/2003

(800) 854-3643

Daytime Phone #