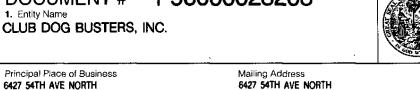
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P96000028203 **DOCUMENT #**



FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90306 004 ***150.00

6427 54TH AVE NORTH ST. PETERSBURG FL 33709 US		· · · · · · · · · · · · · · · · · · ·	6427 54TH AVE NORTH ST. PETERSBURG FL 33709 US						
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						18178 (181) (188)
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-3379343				oplied For ot Applicable
Zip	Country	Zip	Coun	itry	5. Certif	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Curre		Name ***	7. Name and Address of New Registered Agent					
GORDER, PE					ss (P.O. Box Number is Not Acceptable)				
ST. PETERSI	BURG FL 33709		· F	City				Zip Cod	. · · e
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
2 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Finar Trust Fund Contribution.	ncing		May Be I to Fees
10.	OFFICERS AND DIRECTORS				ADDITIO	ONS/CHANGES TO OFFIC	ERS AND C	IRECTORS	S IN 11
NAME K	td Oehler, beth a 127 54th ave North T. Petersburg Fl	ORTH		E EET ADDRESS -ST-ZIP			[□ Change	☐ Addition
NAME V. STREET ADDRESS 64	SD AN GORDER, PEGGY A 127 54TH AVE NORTH T. PETERSBURG FL	/E NORTH		E IE EET ADDRESS -ST-ZIP			(Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		್ಷ ರ ವಹರ ಕವರ],,,	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					[Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Ç	Change	Addition

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 attack lent with an address, with all other like empowered.