2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED Feb 10, 2003 8:00 am Secretary of State

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				00.450	

1. Entity Nar	MENT # P9600 mall engines, inc.		01-13-2003 90459 037 ***150.00						
Principal Place of Business Mailing Address 9210 SR 52 12740 KENT GROVE DRIVE HUDSON FL 34669 SPRINGHILL FL 34610									
2. Principal Place of Business 3. Mailing Address						S INNESPECE HAD ANGEN COURT NOTHER NATIONAL	FEG 1013 BE EFFET 11 1001	SATED HIS IMPL	
Suite, Apt	. #, etc.	Suile, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Sta	te	· · · City & State.		4. F	4. FEI Number 59-3385976 Applied F				
Žip	Country	Zip Cou		ry	5. (Certificate of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current I	Registered Agent			7. N	lame and Address of New Registere	d Agent	<u>+</u>].
FINCH, JOHN K 323 MAIN ST SAFETY HARBOR FL 34677				Street Address (P.O. Box Number is Not Acceptable)					
A LIVINGON E CHOIN				City Zip Code					
Make Checi	Signature, typed or printed name of registered agent at ILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State	TE: Registered	Agent signature rec	quired when rei	9. Election Campaign Financing Trust Fund Contribution.		O May Be to Fees	
10.	OFFICERS AND I		11.	<u> </u>	ADI	DITIONS/CHANGES TO OFFICERS A]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYATT, DANIEL R 9210 8R 52 HUDSON FL 34669	☐ Delete		T ADDRESS ST-ZIP			☐ Change	Addition	CR2E034 (10/02
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Celete	TITLE NAME STREE CITY-S	T ADORESS ST-ZIP	•		☐ Change	Addition	CR2
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TITLE MAME		☐ Defete	TITLE				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	CITY-S TITLE NAME				☐ Change	☐ Addition (
CITY-ST-ZIP TITLE		☐ Delete	CITY-S TITLE	ADDRESS IT-ZIP		· ···	. Change	Addition	
STREET ADDRESS City-St-Zip	positive that the information a unation with h		-	ADDRESS T-ZIP		AC OYOU'S FIRST DAY			

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 of 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:

SHAND TYPED OR PRINTED NAME OF SIGNING

1277863-209

Date