2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P96000046481

DOCUMENT #



FILED Feb 28, 2003 8:00 am Secretary of State

1. Entity Na		70 1 0481	N THE STATE OF THE		02-28-2003 90133 04			
Principal Place of Business 326 N MARYDELL AVE DELAND FL 32720 US		Mailing Address 1536 W NEW YORK AVE DELAND FL 32720 US			H ili s hik s iga	1 18181 1181 1881		
2. Principal Place of Business		3. Mailing Address		- 				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		 ☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 59-3380166		pplied For		
Zip Country		Zip	Country		5. Certificate of Status Desired	\$8.75 Ad		
	6. Name and Address of Current Re	gistered Agent	<u> </u>			Fee Require	ed	
		a.c.s.on adelit	- Nam	ne `	7. Name and Address of New Registered A	egent		
BOWSER, SHERRY A								
916 W NEW YORK AVE APT 207A				Street Address (P.O. Box Number is Not Acceptable)				
DELAND FL 32720				···				
*								
	<u> </u>		City		FL	Zip Coo	le	
8. The above the obligations of the obligations.	e named entity submits this statement for thations of registered agent.	e purpose of changing its	registered office	e or register	ed agent, or both, in the State of Florida. I am fa	amiliar with,	and accept	
OLONIATURE	3							
SIGNATURE	Signature, typed or printed name of registered agent and t	atle if applicable. (NOTI	E: Registered Agent si	gnature required	when reinstating) DATE			
7.5	FILE NOW!!! FEE IS \$150.00				3.02			
Afte	r May 1, 2003 Fee will be \$550.00				9. Election Campaign Financing	\$5.0	0 May Be	
Make Chec	k Payable to Florida Department of St	ate			Trust Fund Contribution.	Added	to Fees	
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE",	P	☐ Delete	TITLE		The state of the s	☐ Change	Addition	
NAME	PROCTOR, JEFFREY D		NAME			Onlings	Addition	
STREET ADDRESS	1515 W WINNEMISSETT AVENUE		STREET ADDRES	ss			{	
CITY-ST-ZIP	DELAND FL 32720		CITY-ST-ZIP			_	}	
TITLE	STD	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	CROTEAU, CECIL		NAME					
CITY-ST-ZIP	1001 W EUCLID AVENUE DELAND FL 32720		STREET ADDRES	SS				
TITLE	A							
NAME	KLINE, RLEE M	Delete	TITLE NAME		مياييم ميا	Change	Addition	
STREET ADDRESS	744 MOCKINGBIRD LANE		STREET ADDRES	ıs İ				
CITY-ST-ZIP	DELAND FL 32720		CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE	 		Change	Addition	
NAME	BOWSER, SHERRY A		NAME			☐ Onlings		
STREET ADDRESS	916 W NEW YORK AVENUE APT 20	7A	STREET ADDRES	s				
CITY-ST-ZIP	DELAND FL 32720		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		,	☐ Change	Addition	
NAME STREET ADDRESS			NAME	.	,	_		
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	S				
TITLE			 					
NAME	r	☐ Delete .	TITLE NAME		Į	☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS	5				
CITY-ST-ZIP			OWNER AND THE	·				

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 trustee empowered to execute this report is 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 direct like empowered.

CITY-ST-ZIP

SIGNATURE: Ceci Tote au

2/26/03