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

P96000046757 DOCUMENT

10. TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

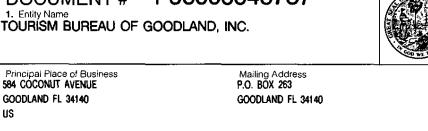
STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP



☐ Delete

☐ Delete

Delete

FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90518 009 ***150.00

Principal Flace of Business 584 COCONUT AVENUE GOODLAND FL 34140 US		P.O. BOX 263 GOODLAND FL 34140				
2. Principal Place of Business		3. Mailing Address			12 2000 (CDE) CDD) (30) (31)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0699322	Applied For Not Applicable	
Zip	Country	Zip	Country		\$8.75 Additional ee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
			Name	Name		
STEGALL-FULLMER, CONNIE D 584 COCONUT AVENUE GOODLAND FL 34140			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
			City	City FL Zip Code stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
signature .	Signature, typed or printed name of registered age ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department	nt and title if applicable. (NOT	E: Registered Agent signature requi		\$5.00 May Be Added to Fees	
10.	OFFICERS AN	D DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
NAME STREET ADDRESS	PD FULLMER, EDWARD J 584 COCONUT AVENUE GOODLAND FL 34140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
NAME STREET ADDRESS	STD STEGALL-FULLMER, CONNIE 584 COCONUT AVENUE GOODLAND FL 34140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	

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 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

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

CITY-ST-ZIP

SIGNATURE:



Daytime Phone

Change

□ Change

☐ Change

Addition

Addition

☐ Addition