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

P96000052883 DOCUMENT #

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

KELLER, ANITA

KELLER, GENE

930 WOODGATE DRIVE

930 WOODGATE DRIVE

DENMAN, EUGENIA

PALM HARBOR FL 34685

599 WATERFORD CIRCLE W.

TARPON SPRINGS FL 34688

PALM HARBOR FL 34685

Zip,

SIGNATURE

10.

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

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NAME

CITY-ST-ZIP

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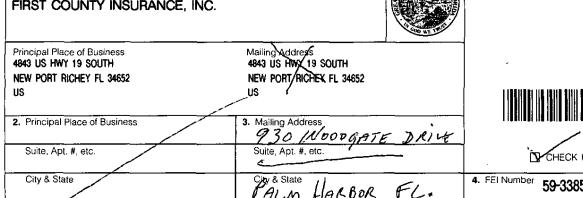
CITY-ST-ZIP

KELLER, ANITA

4843 US HWY 19 SOUTH **NEW PORT RICHEY FL 34652**

the obligations of registered agent.

FIRST COUNTY INSURANCE, INC.



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

04-21-2003 91050 001 ***150.00



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.

Name

City

11.

TITLE

NAME

TITLE

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-TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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