2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000070872



FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91340 005 ***150.00

LOUISE R.A. HUEY, CPA PA										150.0	
Principal Place of Business 209 WEST CHRUCH STREET JACKSONVILLE FL 32202 US			Mailing Address 209 WEST CHRUCH STREET JACKSONVILLE FL 32202 US								
2. Principal Place of Business			3. Mailing Address			111	irii ba i il a ib ii a b iiii ba iii i	1211)	en erie t 1 e nt 1	8818 (18) (88)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Nu	19-34 (Zhan			plied For t Applicable
Zip	Country		Zip				5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Curren	Registere	ed Agent جند سنة		- 	_7Name :	and Address of New	Registered A	gent	
HIEV I	NIICE DA				Name						
HUEY, LOUISE R.A. 209 WEST CHRUCH STREET JACKSONVILLE FL 32202						Street Address (P.O. Box Number is Not Acceptable)					
							FL Zip Code				
	named entititions of regist	y submits this statement fered agent.	or the purp	ose of changing its re	egistered office	or registere	ed agent, or	both, in the State of F	lorida. I am fa	amiliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered agen	and title if app	licable. (NOTE: F	Registered Agent sign	ature 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 Stat			f State				9.	Election Campaign F Trust Fund Contribut			May Be to Fees
10.		OFFICERS AND	DIRECTO	RS	11		ADDITIO	NS/CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11.
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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 ke empowered.

SIGNATURE: