2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000075198 **DOCUMENT#**



FILED Jan 13, 2003 8:00 am Secretary of State

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WILSON, LARRY 1342 COLONIAL BLVD BLG G-56 FT. MYER'S FL 33907 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, an the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State 10. OFFICERS AND DIRECTORS TITLE MAME WILSON, LARRY SIREET ADDRESS SIREET ADRESS SIREET ADRESS SIREET ADRESS SIREET ADRESS SIREET ADRES				
WILSON, JARRY 1342 COLONIAL BLVD BLG G-56 FT. MYERS FL 33907 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) P. Election Campaign Financing Trust Fund Contribution. Added to Added to MILSON, LARRY STREET ADDRESS CITY-ST-ZIP ST. JAMES CITY FL 33907 Street Address (P.O. Box Number is Not Acceptable) FL Zip Code Tity Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The Street Address (P.O. Box Number is Not Acceptable)				
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IIILE NAME WILSON, LARRY 2654 SANERLING CT ST. JAMES CITY FL 33907 CITY-ST-ZIP FACT MYRY, FL 33901				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.] Addition			

of the corporation or the receiver or fustee 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.