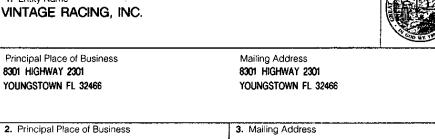
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000089340

1. Entity Name



FILED Feb 11, 2003 8:00 am Secretary of State 02-11-2003 90084 005 ***150.00

					1							
Principal Place of Business 8301 HIGHWAY 2301 YOUNGSTOWN FL 32466			8301 H	Mailing Address 8301 HIGHWAY 2301 YOUNGSTOWN FL 32466								
2. Principal F	Place of Busi	ness	3. Mail	3. Mailing Address			İ			 		
Suite, Apt. #, etc.				Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State				City & State			4. FEI	Number 59-342238 7	,		oplied For	
Zip	Country				Country	5. Certificate of Status Des				_ \$8.75 Additional		
6. Name and Address of Current Registered Agent							7. Nam	ne and Address of New	Registered	Agent		
HUTCHISON, KEITH 8301 HIGHWAY 2301 YOUNGSTOWN FL 32466						Name Street Address (P.O. Box Number is Not Acceptable)						
TOUNGST	OMINITE 3	2400					<u> </u>	= -:	The second second			
					City				FL	Zip Cod	e	
	tions of regis	tered agent.	ement for the purp		registered office		_	or both, in the State of F	lorida. I am	familiar with,	and accept	
Afte	r May 1, 20 k Payable t	!! FEE IS \$150 03 Fee will be \$ o Florida Depart	550.00					9. Election Campaign F Trust Fund Contribut	٠,		00 May Be d to Fees	
10.	12.3 <u>00</u> 24.0	OFFICE	RS AND DIRECTO	RS	11.		ADDIT	IONS/CHANGES TO OF	FICERS AN	D DIRECTOR	S IN 11	
		WAY 2301	, į	☐ Delete	TITLE NAME STREET/ADDRESS					☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHISO 8301 HIGH	OWN FL 32466 ON, TIM IWAY 2301 OWN FL 32466		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>		☐ 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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
12. I hereby o	certify that th	e information supp	lied with this filing	does not qualify for	the exemption st	ated in Sec	ction 119.	07(3)(i), Florida Statutes	. I further ce	rtify that the ir	nformation	

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.

SIGNATURE:



Daytime Phone #