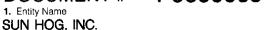
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P96000091710

1. Entity Name





Principal Place of Business 6802 FIREBIRD DRIVE ORLANDO FL 32810

Mailing Address 6802 FIREBIRD DRIVE ORLANDO FL 32810

FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90138 031 ***150.00

2. Principal P	Place of Business	3. Mailing A	ddress			- C TOBOLOBEL THE TRITTO BEIGH BUTTH BUTTH BUTTH BUTTH BUTTH BUTTH TOTAL TICH BUTTH THEIR			
Suite, Apt.	#, etc.	Suite, Apt	#, etc.			CHECK HERE IF MAKING CHANGES			
City & State	е	City & Sta	ite		4.	4. FEI Number 59-3409790 Applied For Not Applicable			
Zip	Country	Zip	,	Country	5. (Certificate of Status Desired	\$8.75 Ad Fee Require	ditional ed	
	6. Name and Address of Currer	nt Registered Ag		7. Name and Address of New Registered Agent					
				Name	Name				
- BEGLEY, WESLEY				Street Address (R.O. Roy Number in Not Acceptable)					
	BIRD DRIVE		Street Address			s (P.O. Box Number is Not Acceptable)			
	FL 32810								
	7 1 0 0 0 1 0								
			•	City		F	L Zip Cod	ie	
the obligat	lions of registered agent. Signature, typed or printed name of registered age			Registered Agent signatu		ent, or both, in the State of Florida. an		and accept	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 c Payable to Florida Department					Election Campaign Financing Trust Fund Contribution		00 May Be d to Fees	
10.	OFFICERS AN	D DIRECTORS		11.	AC	DITIONS/CHANGES TO OFFICERS AN	ID DIRECTOF	S IN 11	
TITLE Name Street address City-St-Zip	P BEGLEY, WESLEY 6802 FIREBIRD DR ORLANDO FL	[□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME Street address City-St-Zip		<i>-</i>	□ Delete -	TITLE NAME STREET ADDRESS* CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	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	
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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 like empowered.