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

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## FILED Apr 18, 2003 8:00 am Secretary of State 04-18-2003 90447 029 \*\*\*150.00

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Sulle, Agit #, etc.   Sulle, Agit #, etc.   Sulle, Agit #, etc.   GAECK HERE IF MAKING CHANGES  City & State   County   Zip   County   St. Centicate of Status Degreed   Set. 75 Adgress of County   St. Centicate of Status Degreed   Set. 75 Address of County   St. Centicate of Status Degreed   Set. 75 Address of County   St. Centicate of Status Degreed   Set. 75 Address of County   St. Centicate of Status Degreed   Set. 75 Address of County   St. Centicate of Status Degreed   Set. 75 Address of County   St. Centicate of Status Degreed   Set. 75 Address of County   St. Centicate of Status Degreed   Set. 75 Address of County   St. Centicate of Status Degreed   Set. 75 Address of County   St. Centicate of Status Degreed   Set. 75 Address of County   St. Centicate of Status Degreed   Set. 75 Address of County   St. Centicate of Status Degreed   Set. 75 Address of County   St. Centicate of Status Degreed   Set. 75 Address of County   St. Centicate of Status Degreed   Set. 75 Address of County   St. Centicate County   Set. 75 Address of County   Set. 75 Addr	5334 CENTRAL FLORIDA PARKWAY 5334 CENTRAL FLORIDA F					Y	-					
City & State    City & State   Country   Zip   Set 75 Address of Current Registered Agent   Set 75 Address of Status Desired   Set 75 Address	2. Principal F	Place of Busin	<del>le</del> ss	3. Mailing Address			-					
SCHELLER, ERIC STAND AND PART OF THE PURPOSE of Changing its registered Agent  A. 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 farmitar with, and accept the foliation of registered agent, or both, in the State of Florida. I am farmitar with, and accept the foliation of registered agent.  A. 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 farmitar with, and accept the content of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farmitar with, and accept the florida of registered agent.  A. 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 farmitar with, and accept the florida of registered agent.  A. 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 farmitar with, and accept the florida of the fl	Suite, Apt. #, etc. Suite, Apt. #, etc.							☐ CHECK HERE IF M	AKING C	HANGES		
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SCHELLER, ERIC 6334 CENTRAL FLORIDA PKWY ORLANDO, FL 32821    City   FL   Zip Code	Zip		Country	Zip	Cour	ntry	5. (	Certificate of Status Desired	]\$	8.75 Add	litional d	
SCHELLER, ERIC S34 CENTRAL FLORIDA PKWY ORLANDO, FL 32821  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 accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  PLE ADVISIT FEET 3.16 C.C. Aric May 1: 2003 Feet will be \$55.00 are provided from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  PLE ADVISIT FEET 3.16 C.C. Aric May 1: 2003 Feet will be \$55.00 are provided from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  PLE ADVISIT FEET 3.16 C.C. Aric May 1: 2003 Feet will be \$55.00 are provided from electric field for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the feet field for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the feet field for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the feet field for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the feet field for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the feet field for feet field field for feet field field field field for feet field fie		5. Name	and Address of Curren	t Registered Agent		Name	7. N	lame and Address of New Regis	tered Ag	ent		
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FLES/NOWIH-FEEIS \$150.00 AREC-May 12 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 IN 11  TITLE PD	·						,		···			
Trust Fund Contribution   Added to Fees   Addition   A	, in the second	FILE NOW	ii FEE/IS \$150 co		OVE: Register	ad Agentsignature required	d when re			<b>\$5.0</b>	0 May 80	
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STREET ADDRESS  CITY-ST-ZP  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 STREET ADDRESS			☐ Delete	NAM STR	UE EET ADDRESS			[	□ Change	Addition	
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 STREET ADDRESS			☐ Delete	NAN STR	IE EET ADDRESS			1	☐ Change	Addition	
SIGNATURE: FRIC & SCHELLER 4/16/03 407-238-1000	Indicated of the co	t on this repor rporation or th	rt or supplemental report ne receiver or trustee emp	is true and accurate and that powered to execute this repo	t my signa xtas requ	ture shall have the	same l	legal effect as If made under oath; da Statutes; and that my name ap	that I am pears in I	an officer Block 10 o	or director r Block 11 if	
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