2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P96000097099 **DOCUMENT #** 1. Entity Name



FILED May 05, 2003 8:00 am

Secretary of State	L
05-05-2003 90846 001 ***300.00	

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Principal Place of Business 1592 N. HWY A1A SATELLITE BEACH FL 32937 US		Mailing Address 1592 N. HWY A1A SATELLITE BEACH FL 3290 US	37			
2. Principal Place of Busine	ess	3. Mailing Address			(1 83 63 4	B 4 4 1 4
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING	CHANGES	
City & State		City & State		4. FEI Number 59-3415349		plied For Applicable
Zip	Country	Zip	Country		8.75 Addi	itional
6. Name a	and Address of Current R	egistered Agent		7. Name and Address of New Registered A		<u>, </u>
		<u> </u>	Name		<u> </u>	
DENISON, TOM G	A3/		Street Address	(P.O. Box Number is Not Acceptable)		
1592 NO A1A HIGHWA SATELLITE BEACH FL			<u> </u>			
SATELLITE BEACH TE	. 32331		City	FL	Zip Code	,
		the purpose of changing its r	registered office or regist	ered agent, or both, in the State of Florida. I am fa	miliar with, a	and accept
the obligations of registe	red agent.					
SIGNATURESignature, typed or	printed name of registered agent and	d title if applicable. (NOTE:	Registered Agent signature requir	ed when reinstating) DATE	 -	
c FILE NOW!!!	FEE IS \$150.00					
[©] After May 1, 2003	Fee will be \$550.00			9. Election Campaign Financing		🕽 Мау Ве
make Check Payable to	Florida Department of 9	State		Trust Fund Contribution.	Added	to Fees
10.	Florida Department of S OFFICERS AND D		11.	Trust Fund Contribution.		to Fees
TO.	OFFICERS AND D		TITLE	ADDITIONS/CHANGES TO OFFICERS AND D		to Fees
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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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

321-773-2020

Daytime Phone #