**FILED** 

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

changed, or on an attachment with an address, with all other like empowere

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## Apr 11, 2003 8:00 am Secretary of State P97000006272 DOCUMENT # 04-11-2003 90188 048 \*\*\*150.00 1. Entity Name ALL WAYS PROFESSIONAL, INC. Principal Place of Business Mailing Address 5600 LIDO STREET 5600 LIDO STREET ORLANDO FL 32807 ORLANDO FL 32807 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3422258 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUFFNAGLE, CHRISTIAN Street Address (P.O. Box Number is Not Acceptable) 5600 LIDO STREET ORLANDO FL 32807 City 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 accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) I and title if applicable Signature, typed or printed a FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change Ch ■ Addition TITLE Delete TITLE D,P,T HUFFNAGLE, CHRISTIAN NAME NAME Harthagle, Christian 5600 LIDO STREET STREET ADDRESS STREET ADDRESS 5600 Lido St. ORLANDO FL 32807 CITY-ST-ZIP CITY-ST-ZIP OHando, FL 32867 TITLE ☐ Delete TITLE ☐ Change ★ Addition Latorre, Luis NAME NAME 5250 San Paulo St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32807 Change Addition ☐ Delete TITLE Huffnagle, Melissa 5000 Lido St. NAME NAME STREET ADDRESS STREET ADDRESS OHlando, FL 32807 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

Date

Daytime Phone #