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

FILED	
May 05, 2003 8:00 am	ì
Secretary of State	
05 05 0000 01050 005 ###1 50 00	

1. Entity Nar		UU 10422			05-05-2003 91	879 025 ***150.0	00	₹
180 S. KNOW SUITE 7 WINTER PAR US 2. Principal I		Mailing Address 180 S. KNOWLES AVE SUITE 7 WINTER PARK FL 32789 US 3. Mailing Address 22.50 LEE R	'D					
Suite, Apt		Suite, Apt. #, etc. 5017€ 120	<u></u>		☐ CHECK HERE IF	MAKING CHANGES		
City & Sta	Danu Fr	WINTER PARK	L, FL	4.	FEI Number <b>59-3444738</b>	<del> </del>	pplied For ot Applicable	]
Zip 3278			Country USA	5.	Certificate of Status Desired	S8.75 Add Fee Require		
	6. Name and Address of Current I	Registered Agent			Name and Address of New Re	gistered Agent		
ROLL, WI		•	Name	Address (P.O.	William . C  Box Number is Not Acceptable)			
	TH WYMORE ROAD		119	4 N.	PARK AND			
-WINTER I	PARK FL 32789		**					l
	a		City (A	IUTER	PARU &	FL Zip Coo	le X2	1
8 The above	e named entity submits this statement for	the aureach of changing its re-	gistered office o	WTEIL	gont, or both, in the State of Flori			ļ
the obliga	tions of registered agent.	the purpose of changing its re-	gistered office o	i registered a	gent, or both, in the State of Flori	da. Tam lammar Willi,	ancraccept	
	1.12	Xnox					l	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	tegistered Agent signa	ture required when	reinstating)	DATE		
- K-	ILE NOW!!! FEE IS \$150.00					<del></del>		1
	r May 1,2003 Fee will be \$550.00				9. Election Campaign Fina		00 мау Ве	
	k Payable to Florida Department of	State			Trust Fund Contribution.	Added	d to Fees	
10.	OFFICERS AND I	DIRECTORS	11.	A	DDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	S IN 11	1
TITLE .	DS	☐ Delete	TITLE	125			_=-	ଥି
NAME .	ROLL, WILLIAM C		HILE	ربرا	<b>.</b>	<b>⊠</b> Change	Addition	, _
STREET ADDRESS		_ 05,00	NAME	WILLIA	M C. POLL	Change	Addition	9
מול אם עדרות	607 N WYMORE RD	_ 0	NAME STREET ADDRESS	WILLIA	M C. ROLL LEE RD SUITE 15	Change	Addition	34 (10/
CITY-ST-ZIP	607 N WYMORE RD WINTER PARK FL 32789		NAME	WILLIA 2221 WINTER	M C. ROLL LEE RD EUTEIS L Parch, FL 3278	Change	Addition	2E034 (10/
TITLE	607 N WYMORE RD WINTER PARK FL 32789 DP	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	WILLIA 2221 WINTER	M C. ROLL LEE RD SUITEIS L Parch FL 3278	Change	☐ Addition	CR2E034 (10/02)
TITLE NAME	607 N WYMORE RD WINTER PARK FL 32789 DP CLAYTON, CHARLES W III		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	WILLIA 2221 WWITER	M C. ROLL LEE RD SUITEIS L PARL FL 3278	]		CR2E034 (10/
TITLE NAME STREET ADDRESS	007 N WYMORE RD WINTER PARK FL 32789  DP CLAYTON, CHARLES W III 2250 LEE RD #120		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	WILLIA 2221 WINTER	M C. ROLL LEE RD ENTEIS L Parch, FL 3278	]		CR2E034 (10/
TITLE NAME STREET ADDRESS CITY-ST-ZIP	607 N WYMORE RD WINTER PARK FL 32789 DP CLAYTON, CHARLES W III	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIA 2221 WINTER		Change	Addition	CR2E034 (10/
TITLE NAME STREET ADDRESS	607 N WYMORE RD WINTER PARK FL 32789 DP CLAYTON, CHARLES W III 2250 LEE RD #120 WINTER PARK FL 32789		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	WILL IA 2221 WINTER	M C. ROLL LEE RD SUITEIS L Parch FL 3278	Change		CR2E034 (10/
TITLE NAME STREET ADDRESS CITY-ST-ZIP	607 N WYMORE RD WINTER PARK FL 32789 DP CLAYTON, CHARLES W III 2250 LEE RD #120 WINTER PARK FL 32789	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILL IA 2221 WWITER		Change	Addition	CR2E034 (10/
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE — — *  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE	607 N WYMORE RD WINTER PARK FL 32789 DP CLAYTON, CHARLES W III 2250 LEE RD #120 WINTER PARK FL 32789	Delete Delete Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE	WILL IA 2221 WWITER		Change  Change  Change	Addition  Addition  Addition	CR2E034 (10/

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 suppliemental 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:

107 628 2900