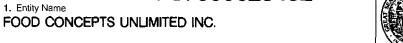
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P97000025482





FILED Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90184 018 ***150.00

| Principal Place of Business 11616 DARLINGTON DR ORLANDO FL 32837 | | Mailing Address 11616 DARLINGTON DR ORLANDO FL 32837 | | LIBERTARIS REF. PARIS PERIS DE | | | |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------|----------------------------------------|------------------------------------------------|-------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | ☐ CHECK HERE IF MAKING CHANGES | | | |
| City & State | | City & State | | 4. FEI Number 59-3430 | SI Number 59-3430813 Applied For Not Applicate | | |
| Zip | | Zip -> + | Country · · · · | 5. Certificate of Status Desir | ed S8.75 Ac | | |
| | 6. Name and Address of Currer | nt Registered Agent | | 7. Name and Address of N | ew Registered Agent | | |
| | | | Name | Name | | | |
| RAYMER, GAYLE | | | Change A Address | | DO Poy Number is Not Acceptable) | | |
| 11616 DARLINGTON DR | | | Street Address (P | | P.O. Box Number is Not Acceptable) | | |
| | FL 32837 | | · | | | | |
| | in the second se | | City | | FL Zip Cod | de | |
| 8. The above | named entity submits this statement | for the nurgose of changing its | s registered office or regis | stered agent, or both, in the State of | | and accept | |
| | ions of registered agent. | to purpose of chariging its | o registered smeet or regis | sioned agoni, or bonn, in the oration | STITIONICAL TRANSPORT | , und accopt | |
| SIGNATURE . | | | | | | | |
| | . Signature, typed or printed name of registered age | nt and title if applicable. (NO) | TE: Registered Agent signature requ | uired when reinstating) | DATE | | |
| After | ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department | l l | | 9. Election Campaig Trust Fund Contrib | ~ _ +••• | 00 May Be ed to Fees | |
| 10. | OFFICERS AN | | T 11. | ADDITIONS/CHANGES TO | OFFICERS AND DIRECTOR | 29 IN 11 | |
| TITLE | P | Delete | TITLE | ABBITIONS/GITANGES TO | Change | Addition | |
| NAME | RAYMER, DERREL E | LI Delete | NAME | | Criange | Abdition | |
| STREET ADDRESS | 11616 DARLINGTON DR | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | ORLANDO FL 32837 | | CITY-ST-ZIP | | | | |
| TITLE | <u> </u> | □ Delete | TITLE | | Change | Addition | |
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| NAME | | | NAME | | | į | |
| STREET ADDRESS CITY-ST-ZIP | : | | STREET ADDRESS | | | | |
| OITT-01-ZIF | | | CITY-ST-ZIP | | | | |

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.

SIGNATURE;