2003 FOR PROFIT CORPORATION

FILED UNIFORM BUSINESS REPORT (UBR) P97000037418 **DOCUMENT#**

Apr 14, 2003 8:00 am Secretary of State

LONDON	PRIDE, INC.				04-14-	-2003 90111 022 *	**150.0	O.
Principal Place of Business 336 COREY AVENUE ST. PETE BEACH FL 33706		Mailing Address 336 COREY AVENUE ST. PETE BEACH FL 33706						
2. Principal F	Place of Business WALSINGHAM B	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Stat	<u> </u>	City & State			4. FEI Number 59-34	59-3447712 Not A		plied For t Applicable
Zio 33774 Country USA.		Zìp	<u> </u>		5. Certificate of Status Desired			
	6. Name and Address of Current	Registered Agent	7. Name and Address of New Registered Agent Name					
-COODMAN CEDDY					any GODAIN			
336 COREY AVENUE ST. PETE BEACH FL 33706				Street Address (P.O., Box Number is Not Acceptable) HIOO WALSING HAMPD. #2				
				City LAR	60	FL	Zio Code	74
SIGNATURE . F Aftel Make Check	Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of		(NOTE: Registered	l Agent signature requii	9. Election Camp Trust Fund Co	ontribution.	Added	May Be to Fees
10.	OFFICERS AND DIRECTORS 11.		11.		ADDITIONS/CHANGES	TO OFFICERS AND DIF	RECTORS	IN 11
NAME	D GOODWIN, GERRY 313 44TH AVENUE ST. PETE BEACH FL 33706	☐ Delete	NAME STREE	í			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODWIN, KRYSIA 313 44TH AVENUE ST. PETE BEACH FL 33706	☐ Delete	NAME STREE				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME STREE	ET ADDRESS ST-ZIP			Change	. Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREE	et address St-zip			Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREE	T ADDRESS ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	4	ET ADDRESS ST-ZIP			Change	Addition

I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

SIGNATURE AND TYPED OF PRINTED VAME OF SIGNING OFFICER OR DIRECTOR

411.03

Date