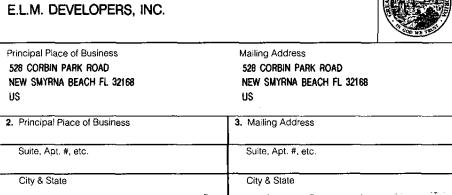
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 1. Entity Name

P97000040955



## **FILED**

						-		ĺ					
Principal Place 528 CORBIN NEW SMYRN US	PARK ROAD		Mailing Address 528 CORBIN PARK ROAD NEW SMYRNA BEACH FL 32168 US										
2. Principal Place of Business				3. Mailing Address					<b>                                  </b>				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FEI Number 65-0763399				pplied For lot Applicable	
Zip Country			Zip Country			try				\$8.75 Ad	8.75 Additional		
	6 Name	ered Agent				7. Name and Address of New Registered Agent							
	Q. Italii	414714414				Name				<u> </u>			
MASSELL, ED 528 CORBIN PARK ROAD							Street Address (P.O. Box Number is Not Acceptable)						
		H FL 32168					·						
							FL FL					Zip Code	
	tions of regist					Agent signat			ent, or both, in the State of F	Orida. I am t	amiliar with,	and accept	
Afte	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of OFFICERS AND		RS	11.	w <del>a</del>		AD	9. Election Campaign Fi Trust Fund Contribution DITIONS/CHANGES TO OFF	on, [	Adde	OO May Be d to Fees	
TITLE	р			☐ Delete	TITLE						☐ Change	Addition	
NAME STREET ADDRESS	MASSELL 528 CORE	BIN PARK ROAD			NAME STRE	ET ADDRESS							
CITY-ST-ZIP	NEW SMY	RNA BEACH FL 32168	<del></del>	☐ Delete	TITLE	ST-ZIP	V . 6	ORE	ESTDENT		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	MASSEL-	KAISER, LAURA BIN PARK ROAD RNA BEACH FL 32166				ET ADDRESS ST-ZIP	MA	350 8 W	ESTDENT EL- KAESEL CORBIN PI SMYRNA B	LAL ARK CU.F	RA RD:	2 168	
TITLE NAME STREET ADDRESS	V MASSEL, 528 CORE	JEANNE M BIN PARK ROAD		Delete		ET ADDRESS					Change	Addition	
CITY-ST-ZIP	NEW SMY	RNA BEACH FL 32168		Delete	CITY-	ST-ZIP					☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP				in odiere	NAME STREE						stange		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				-			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						-	Change	Addition	

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: