## **FILED** Mar 13, 2003 8:00 am Secretary of State

03-13-2003 90085 048 \*\*\*150.00

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

DOCUMENT #

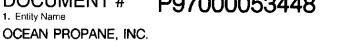
P97000053448

Mailing Address

SSS ODANGE AVE

Principal Place of Business

SSS ORANGE AVE





				YTONA BEACH FL 32114						
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 65-0762352 Applied For Not Applied be			
Zip Country			Zip	Сои	intry	5. (			5 Additional equired	
6. Name and Address of Current Registered Agent						_ 7. Name and Address of New Registered Agent				
OFTER 1400F4 IR					Name	Name				
Geter, Ho 555 Oran		ć.			Street Ad	ddress (P.O. B	ox Number is Not Acceptable)			
DAYTONA BEACH FL 32114										
· -	- TA 9	ţ			City			FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Campaign Financ Trust Fund Contribution.	T press	5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS 11.					AD	DITIONS/CHANGES TO OFFICE	RS AND DIREC	TORS IN 11	
NAME STREET ADDRESS	555 ORAN	Hosea Jr. Ge ave. Beach Fl 32114	☐ Dele	NAM STR				□ Ch	ange 🗌 Addition	
TITLE NAME STREET ADDRESS	P GETER, HO 555 ORAN		☐ Dele	te TITE NAM STR	LE		and the first section of the f	Ch	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Dele	NAM Str	1	· • .		🗀 Chi	ange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delet	, NAM STRI	I .			☐ Chi	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delet	NAM STRI				□ Chi	inge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	mark all the		☐ Delet	NAN STRI CITY	EET ADORESS (-ST-ZIP		19.07/2)(i) Florida Statutas I fur	☐ Cha	inge 🔲 Addition	

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 !

386 255 0241