FILED

Jul 24, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P97000058104

1. Entity Nan JUNE R.		7000104			07-24-2003 90	117 004 ***5	550.00
Principal Place 11581 SHELL' SEMINOLE FU		Mailing Address 11581 SHELLY CIRCLE SEMINOLE FL 33772				O CEN CONT. C NO. 1888	
2. Principal Place of Business		3. Mailing Address			t 1 00 31 08 1 (1 0 1011) (1001) (1001)	BAKK BAKAT BIKBI IRIB	k literi bokul ekek keel
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State		4	. FEI Number 59-3454958	19	Applied For Not Applicable
Zip	Country	Zip	Country		. Certificate of Status Desired		
	6. Name and Address of Current Re	gistered Agent	<u> </u>		. Name and Address of New Reg		
-				Name			
LIGGINS,	JUNE R		Ĺ				
11581 SHELLY CIRCLE			;	Street Address (P.O. Box Number is Not Acceptable)			
SEMINOLE FL 33772			F	, -,,,		 	· · · · · · · · · · · · · · · · · · ·
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Sec.] '	City		FL Zip	Code
	named entity submits this statement for thions of registered agent.	ne purpose of changing its	registered	office or registered a	agent, or both, in the State of Floric	da. I am familiar	with, and accept
SIGNATURE .							
orare a one	Signature, typed or printed name of registered agent and	title it applicable. (NOT)	E: Registered Ac	gent signature required wher	reinstating)	DATE	
			•		•		
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750.00 Payable to Florida Department of S				Election Campaign Finar Trust Fund Contribution.		55.00 May Be Added to Fees
After Se	ptember 10, 2003 Fee will be \$750.00	tate	111.		Election Campaign Finar Trust Fund Contribution.	. □	Added to Fees
After Se Make Check	ptember 10, 2003 Fee will be \$750.00 R Payable to Florida Department of S	tate RECTORS			9. Election Campaign Finar	. □	TORS IN 11
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE RESIDENCE OF SIGNING OFFICENOR DIRECTOR

7/20/03 Date

72734344 Daytime Phone #