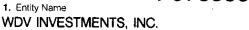
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000058262 DOCUMENT



FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90059 006 ***158.75

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Principal Place of Business 1000 WINDERLERY PLACE #149			Mailing Address 1000 WINDERLERY PLACE							
#149 MAITLAND FL 32751			#149 MAITLAND FL 32751				18611861 116 t0111 10011 1		EJ 18118 21818	N 108 HEL (88)
	•	***************************************	Williams 12 92791							
2. Principal Place of Business			3. Mailing Address						81 10110 11814	01110 1481 1081
Suite, Apt	. #, etc.	Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEIN	S3-3476	6952		pplied For ot Applicable
Zip Country		Zip	Zip Country		- +	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
	6. Name and Address of Currer	t Registere	d Agent			7. Name	and Address of	New Registered Ag	jent	
VOCATION			Name Wayne Voegele							
VOEGELE 3266 TAL	E, WAYNE A LOOP					•	umber is Not Acce	ptable)		
LONGWOOD FL 32779					1000 Winderley Place #149					
					City Mait	tland		FL	Zip Cod	е
8. The above	e named entity submits this statement tions of registered agent.	for the purp	ose of changing its re	egistered				· -	3275 miliar with	and accept
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if appl	licable. (NOTE:	Registered Ad	gent signature required	when reinstation	ng)	DATE		
	THE NOWITH FEE IS 6450.00									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						g	Election Campai Trust Fund Contr		\$5.0 Added	May Be I to Fees
10.	OFFICERS ANI	ORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	DP		☐ Delete	TITLE					Change	Addition
NAME CARCEL ADODESC	VOEGELE, WAYNE			NAME						
STREET ADDRESS CITY-ST-ZIP	3266 TALA LOOP LONGWOOD FL 32779			STREET A						
TITLE	DVS			-∦	-211					
NAME	VOEGELE, DARLENE		☐ Delete	TITLE NAME				L	Change	☐ Addition
STREET ADDRESS	3266 TALA LOOP		•	STREET A	DDRESS					
CITY-ST-ZIP	LONGWOOD FL 32779			CITY-ST-						
TITLE			☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·	ŗ	Change	Addition
NAME				NAME				_	J onanga	
STREET ADDRESS				STREET A	DDRESS					
CITY-ST-ZIP				CITY-ST-	ZIP		-			
TITLE			☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS				NAME						
CITY-ST-ZIP				STREET A						
TITLE			Dolote	1	-					
NAME			☐ Delete	TITLE NAME				L] Change	☐ Addition
STREET ADDRESS				STREET A	DDRESS					ļ
CITY-ST-ZIP				CITY-ST-	*					
TITLE			☐ Delete	TITLE	*****				 Change	Addition
NAME				NAME				_		
STREET ADDRESS				STREET AU						
CITY-ST-ZIP	<u> </u>		····	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: Wayne VoegeleKE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/03

407 896 3369

Date

Daytime Phone #