2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000083783 DOCUMENT # 1. Entity Name



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90129 019 ***150.00

JAMES S											
	e of Business IIDGEWOOD AVE ACH FL 32114	Mailing Address 457 SOUTH RIDGEWOOD AVE DAYTONA BEACH FL 32114				1 1241144	11 0 7 0 111 2 00 12 00 444	18 111 82 111 8818 1 18 1		(8/82-1/11-1821	
2. Principal P	lace of Business	3. Mailing A	ddress								
•											
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					CHECK HER	E IF MAKING (CHANGES		
City & Stat	е	City & State			4	4. FEi Number	59-347787	8	_ 	plied For t Applicable	
Zip	Country	(Country			f Status Desired	□ \$	8.75 Add	litional		
	6. Name and Address of Current I	Registered Ag	ent		7	7. Name and A	ddress of New				
a a a a a a a a a a a a a a a a a a a					Name						
PURDY, J				Street Add	dress (P.C), Box Number	is Not Acceptab	le)			
	BREEZE BLVD., STE. 730										
DATIONA	BEACH FL 32118			City			<u> </u>		Zip Code		
							****	FL	<u></u>		
	named entity submits this statement for ions of registered agent.	the purpose o	f changing its reg	istered office or re	egistered	agent, or both,	, in the State of F	lorida. I am fai	miliar with, a	and accept	
SIGNATURE .											
	Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE: Re	gistered Agent signature	required who	en 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							tion Campaign F t Fund Contributi			May Be to Fees	
10.	OFFICERS AND	DIRECTORS		11.		ADDITIONS/C	HANGES TO OF	FICERS AND D	IRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURDY, JAMES S 457 SOUTH RIDGEWOOD AVENU DAYTONA BEACH FL 32114		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
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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.

SIGNATURE:

21/07 (380) 252-8555