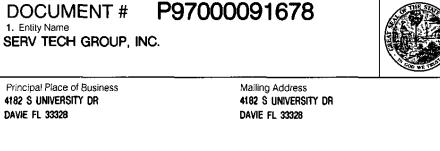
FILED Apr 18, 2003 8:00 am \$ \$ Secretary of State

04-18-2003 90172 024 ***158.75

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

DOCUMENT #



6. Name and Address of Current Registered Agent ---

3. Mailing Address

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

| | | City & State | | 4. FEI Number 65-0791060 | CE_07040C0 | |
|---|---------|--------------|---------|----------------------------------|------------|-----------------------------------|
| _ | | | | 00-0791000 | | Not Applicable |
| | Country | Zip | Country | 5. Certificate of Status Desired | X | \$8.75 Additional Fee Required |

HARRELL, JOHN W JR 4182 S UNIVERSITY DR DAVIE FL 33328

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

| | HEIEU MY | CIII |
|--|----------|----------|
| Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | |
| | | |
| City | FL | Zip Code |

| 8. | The above named entity submits this statement for the purpose of changing its register | ered office or registered agent, or both, in the State of Florida. I am familiar with | , and accept |
|----|--|---|--------------|
| | the obligations of registered agent. | | |

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|--|--|----------|---|-------------------------|----------|------------|
| STREET ADDRESS | P Harrell, John W Jr 18360 SW 57 Street Fort Lauderdale Fl, 33331 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | Delete* | TITLE NAME STREET ADDRESS CITY-ST-ZIP | the great of the second | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change | ☐ Addition |

12. Thereby 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:

