2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000093069

1. Entity Name



FILED Apr 16, 2003 8:00 am Secretary of State

XIX, COMPA	MY			04-16-2003 90106 040 ***150.00			
Principal Place of Business 6326 GREENGROVE COURT ORLANDO FL 32819		Mailing Address 6326 GREENGROV ORLANDO FL 328					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc	<u>. </u>	☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-3475024 Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CHOYAMA, R 6326 GREENO	CHARD GROVE COURT	e e e e e e e e e e e e e e e e e e e	Name Street Add	dress (P.O. Box Number is Not Acceptable)			

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

City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

ORLANDO FL 32819-4655

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)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHOYAMA, RICHARD 6326 GREENGROVE CT. ORLANDO FL 32819	☐ 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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition

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: