FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

	NIFORM BUSINI		RATION RT (UBR)	Jan 17, 2003 8:00 am
1. Entity N	UMENT # P970(ARNETT FUNDING CORP.	00097174		Secretary of State 01-17-2003 90129 003 ***150.00
~1713-STATE	lace of Business E ROAD 60 EAST	Mailing Address	EAST -	100770
-				
2. Principa	l Place of Business	3. Mailing Address		T TORKTOOM THE ADMIL GROUN BOWN BOWN BOWN BOWN TOWN TOWN TOWN TOWN TOWN TOWN
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & St	tate	City & State	·	4. FEI Number 59-3477264 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
HODOR, JUDITH 8525 SW 92ND ST MIAMI FL 33134			Street Addre	ress (P.O. Box Number is Not Acceptable)
8. The abov	ve named entity submits this statement for	the	City	FL Zip Code gistered agent, or both, in the State of Florida. I am familiar with, and accept
` Afte	Signature, typed or printed name of registered agent at FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00 ek Payable to Florida Department of		TE: Registered Agent signature req	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND D	I I	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BARNETT, MICHAEL 6023 AUDUBON MANOR BLVD. LITHIA FL 33547	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNETT, MICHAEL 6023 AUDUBON MANOR BLVD LITHIA FL 33547	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
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		Delete	TITLE	☐ Change ☐ Addition

CITY-ST-ZIP I hereby certify that the incindicated on this report or of the corporation or the rechanged, or on an attactor. led with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information port 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if dress, with all other like empowered.

STREET ADDRESS

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

813-665-1941