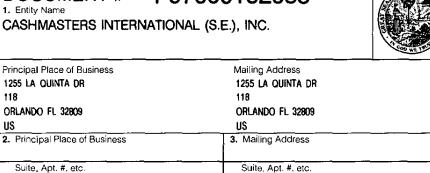
## **FILED** Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90178 015 \*\*\*150.00

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

DOCUMENT #

P97000102085





US		US	IIS						
2. Principal Place of Business			3. Mailing Address			1 1701/1731   150 1011/ 100/1 00/11 \$511/ <b>05</b> 11		0191 (A)) 1001	
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Stat	re	Cit	City & State		4.	FEI Number <b>59-3481107</b>	<b>⊢</b>	plied For t Applicable	
Zip	Country	Zip		Country	5.	Certificate of Status Desired	\$8.75 Add		
	6. Name and Addre	ess of Current Register	ed Agent	I	7. Name and Address of New Registered Agent				
				Name					
HUNTER, NEIL				Street Address (P.O. Box Number is Not Acceptable)					
1255 LA QUINTA DR				Olicot Address (1.0. Dox Halliber is Not Acceptable)					
#118			-	<u></u>				J	
ORLANDO FL 32809				City	City FL Zip Code				
			oose of changing its re	egistered office or	registered ag	ent, or both, in the State of Florida.	I am familiar with,	and accept	
the obligat	ions of registered agent								
SIGNATURE .									
OIGHWAIGHE .	Signature, typed or printed nam	e of registered agent and title if ap	plicable. (NOTE: I	Registered Agent signatur	e required when re	einstating)	DATE		
After	\$ \$150.00 If be \$550.00 Department of State				Election Campaign Financir Trust Fund Contribution.		<b>0</b> May Be to Fees		
10.		FFICERS AND DIRECTO	DRS	11,	AD	L DDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS	S IN 11	
TITLE	D		☐ Delete	TITLE			☐ Change	Addition	
NAME	HUNTER, NEIL			NAME				)	
STREET ADDRESS	9 HAVENS EDGE			STREET ADDRESS				}	
CITY-ST-ZIP	LIMEKILNS FIFE SC	OTLAND		CITY-ST-ZIP					
TITLE	D		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	HUNTER, MARGARI	et rose p		NAME					
STREET ADDRESS	9 HAVENS EDGE	OT AND		STREET ADDRESS		<b>f</b>		}	
CITY-ST-ZIP	LIMEKILNS FIFE SC	OTLAND	<del>_</del>	CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			
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TITLE			☐ Delete	TITLE			☐ Change	☐ Addition	
NAME				NAME				j	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS 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:

Daytime Phone #