2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000107255



FILED Mar 17, 2003 8:00 am Secretary of State

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Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country Applied F 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Fire Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent To Name and Address of New Registered Agent City FL Zip Code City FILE NOWI!! FEE IS \$150.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS Int. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 11 Title OFFICERS AND DIRECTORS Title OFFICERS AND DIRECTORS Title OFFICERS AND DIRECTORS IN 11 Title OFFICERS AND DIRECTORS Title OFFICERS AND DIRECTORS IN 11 Title OFFICERS AND DIRECTORS Title OFFICERS AND DIRECTORS IN 11 Title OFFICERS AND DIRECTORS Title OFFICERS AND DIRECTORS IN 11 Title OFFICERS AND DIRECTORS Title OFFICERS AND DIRECTORS IN 11 Title OFFICERS AND DIRECTORS Title OFFICERS AND DIRECTORS IN 11 Title OFFICERS AND DIRECTORS Title OFFICERS AND DIRECTORS IN 11 Title OFFICERS AND DIRECTORS Title OFFICERS AND DIRECTORS IN 11 Title OFFICERS AND DIRECTORS Title OFFICERS AND DIRECTORS IN 11 Title OFFICERS AND DIRECTORS Title OFFICERS AND DIRECTORS IN 11 Title OFFICERS AND DIRECTORS Title OFFICERS AND DIRECTORS IN 11 Title OFFICERS AND DIRECTORS Title OFFICERS AND DIRECTORS IN 11 Title OFFICERS AND DIRECTORS Title OFFICERS AND DIRECTORS IN 11 Title OFFICERS AND DIRECTORS T	1734 FALO A	ALTO AVE	1734 PALO ALTO AVE				T TO REFERENCE TO A CONTRACT OF THE CONTRACT OF THE	1# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 8 41 0 1 0 413 1001
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Zip Country Zip Country S. Certificate of Status Desired S. S. 75 Additional Fee Regulariod 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered New Registered New Registered New Registered New Registered New	Suite, Apt	. #, etc.	Suite, Apt. #, etc.			1	☐ CHECK HERE IF MAKING CHANGES		
Service Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered 8. The above named artists 9. Election Campaign Financing 1. Address (P.O. Box Number is Not Acceptable) 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1. ADDIT	City & State		City & State			4. F	El Number 59-3497139		pplied For ot Applicable
GWYNNE, VERNON D 1734 PALO ALTO AVE LADY LAKE FL 32159 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accomplete the obligations of edistered agent. SIGNATURE FILE NOW!! FEE IS \$150.00 Make Check Payable to Florida Department of State; OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SIRET ADDRESS CITY-SI-2P OWYNNE, BETTY R 1734 PALO ALTO ACT LADY LAKE FL 32159 Delete TITLE OWYNNE, VERNON 1734 PALO ALTO ACT LADY LAKE FL 32159 Delete TITLE OWYNNE, VERNON 1734 PALO ALTO ACT LADY LAKE FL 32159 Delete TITLE OWYNNE, VERNON 1734 PALO ALTO ACT LADY LAKE FL 32159 Delete TITLE OWYNNE, VERNON 1734 PALO ALTO ACT LADY LAKE FL 32159 Delete TITLE OWYNNE, VERNON 1734 PALO ALTO ACT LADY LAKE FL 32159 Delete TITLE OWYNNE, VERNON 1734 PALO ALTO ACT LADY LAKE FL 32159 Delete TITLE NAME SIRET ADDRESS CITY-SI-2P STREET ADDRESS CITY-SI-2P Change Add STREET ADDRESS CITY-SI-2P CITY-SI-2P STREET ADDRESS CIT	Zip	Country	Zip	Cour	ntry	5. 0	Certificate of Status Desired	\$8.75 Ad	ditional
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SIGNATURE Signature required when rendating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 104 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D SPENCER, ROBERT C/O PAC 82 - P O BOX 37301 WASHINGTON DC 20013-7301 TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE D GWYNNE, BETTY R 1734 PALO ALTO ACT LADY LAKE FL 32159 TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP D Delete TITLE NAME STREET ADDRESS CITY-ST-2IP D Delete STREET ADDRESS CITY-ST-2IP D DELET TITLE NAME STREET ADDRESS CITY-ST-2IP D DELET STREET ADDRESS CITY-ST-2IP D DELET TITLE NAME STREET ADDRESS CITY-ST-2IP D DELET STREET ADDRESS CITY-ST-2IP					'			-	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 in the and does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplemental report in the and does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplemental report in the and does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplemental report in the and does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplemental report in the and does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report of the section 119.07(3)(ii), Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP	partify that the information conclined with		NAME STREE CITY-	T ADDRESS ST-ZIP		10 OZ(O() El O	_ •	☐ Addition

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 rehanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: