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

## P98000001379 **DOCUMENT #**

1. Entity Name



## **FILED** Feb 25, 2003 8:00 am Secretary of State 02-25-2003 90137 050 \*\*\*150.00

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City & State  City & State  Country  Zp  Country  Zp  Country  Zp  Country  Zp  Country  Zp  Country  Exp  6. Certificate of Status Deaired  SRAFS Additional Fee Required Fee	Suite, Ap	ot. #, etc.		Su	ite, Apt. #, etc.				CHECK HERE IE MAKING	CHANGE	s	
S. Country  S. Country  S. Country  S. Cartificate of Status Desired   \$8.75 Additional Fee Required  S. Annew and Address of Current Registered Agent  T. Name and Address of New Registered Agent  StaPNO, CRAIG  2223 ST CHARLES DR  CLEARWATER FL 34624  City  FL Zip Code  S. The above named entity submits aris statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATU	City & Sta	ate		City & State					A FFIN			
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Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named onity submits titis statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SUPPLIES \$150.00  After May 1, 2003 Fee will be \$550.00  After May						<del></del> -	Name		7. Name and Address of New Registered	igent	·	
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8. 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 accept the obligations of registered agent are visit applicable.    SIGNATURE	C.						1 '		FL			
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After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State  10.		Signature, typed	or printed name of registered age	ent and title if ap	plicable. (NC	OTE: Registered	d Agent signatu	re required v	when reinstating) DATE			
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	or the corp changed, o	oration or the or on an attact	receiver or trustee emp hment with an address,	owered to e	xecute this report in like empowered.	as required	by Chapte	er 607, Fi	ion 119.07(3)(i), Florida Statytes. I further certify the legal effect as if made under oath; that I am Florida Statutes; and that my name appears in E	an officer o lock 10 or I	r director Block 11 if	

SIGNATURE: \_\_