**FILED** 

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

U	NIFORM BUSIN	NESS REPO	RT (UB	R)	Jan 13, 2003 8:00 an
DOC 1. Entity N	UMENT # <b>P98</b> (	00003609			Secretary of State 01-13-2003 90098 039 ***150.00
Principal P 11413 N. G CLERMONT	Place of Business GREATER HILLS BLVD. I FL 34711	Mailing Address POST OFFICE BOX 12 CLERMONT FL 34711	1130	O WE TO	
2. Principa	al Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		·	☐ CHECK HERE IF MAKING CHANGES
City & St	tate	City & State			4. FEI Number 59-3489375 Applied For
Zip	Country	Zip	Country		Not Applicab     S. Certificate of Status Desired
<del></del>	6. Name and Address of Curre	ent Registered Agent			7. Name and Address of New Registered Agent
JORDAN	JORDAN, EDWARD P II ESQ.				
,	AST HIGHWAY 50		Street	Address (F	P.O. Box Number is Not Acceptable)
1	ONT FL 34711				
			City		
8. The above named entity submits this statement for the purpose of changing its registry obligations of registered agent.			1 -		FL Zip Code
the obliga	ations of registered agent.	for the purpose of changing it	s registered office	or registere	ed agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Leden				
	Agnature, typer or printed name of registered age	ent and title if applicable. (NO	TE: Registered Agent sign	ature required w	when reinstating) DATE
8.	FILE NOW!!! FEE IS \$150.00		·		
Make Chec	er May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	O st State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	OFFICERS AN			_ <del>.</del>	
TITLE	D	D Delete	TITLE	т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME	RUPPE, DIANNE		NAME	ŀ	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	11413 N. GREATER HILLS BLVI CLERMONT FL 34711	D.	STREET ADDRESS		
TITLE			CITY-ST-ZIP	<u> </u>	
NAME	·	☐ Delete	TITLE NAME	1	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		
TITLE			CITY-ST-ZIP	<u> </u>	
NAME		Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		<b>*</b> **	STREET ADDRESS		
CITY-SI-ZIP			CITY-ST-ZIP	L	
TITLE NAME		☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			NAME		Change [] Addition
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE	<del> </del>	☐ Delete	TITLE		
NAME CAREET ARRESTOR		ביי הפומומ	NAME	•	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		
			CITY_ST_7ID		

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

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SENING OFFICER OR DIRECTOR

Dayline Phone #