

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90841 018 ***150.00

The seal of the State of Florida is a circular emblem. It features a central scene with a palm tree, a ship, and a figure. The text "GREAT SEAL OF THE STATE OF FLORIDA" is inscribed around the top, and "IN GOD WE TRUST" is at the bottom.

☐ CHECK HERE IF MAKING CHANGES

| | | |
|---------------|------------|----------------|
| 4. FEI Number | 59-3495401 | Applied For |
| | | Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | |
|---|--|

ROBARGE, GARY A
106 PONCE TERRACE CIRCLE
PONCE INLET FL 32127-7016

| | |
|---|--|
| 7. Name and Address of New Registered Agent | |
|---|--|

| | |
|------|--|
| Name | |
|------|--|

Street Address (P.O. Box Number is Not Acceptable)

| | | |
|------|----|----------|
| City | FI | Zip Code |
|------|----|----------|

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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|--|--|---|---|
| <p>FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State</p> | | <p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p> | <p>\$5.00 May Be Added to Fees</p> |
|--|--|---|---|

10. OFFICERS AND DIRECTORS

| | |
|-----|---|
| 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
|-----|---|

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | PDS | <input type="checkbox"/> Delete |
| NAME | ROBARGE, GARY | |
| STREET ADDRESS | 106 PONCE TERACE CIRCLE | |
| CITY-ST-ZIP | PONCE INLET FL 32127-7016 | |

| | |
|-----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|-----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | | | |
|-----------------|--|---------------------------------|-----------------------------------|
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | | |
|-----------------|--|---------------------------------|-----------------------------------|
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

| | |
|-----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|---|---|
| CITY, ST, ZIP TITLE NAME STREET ADDRESS CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|---|---|

| | |
|-----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|----------------|---|
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-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: GARY A. ROBBAGE 2/17/2003 386-761-2474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE DAYTIME PHONE #
 GARY A. ROBBAGE PRESIDENT

CR2E034 (10/02)