04-28-2003 91380 003 ***150.00

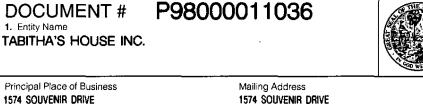
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

CLEARWATER FL 33755

SIGNATURE

10.



2003 FOR PROFIT CORPORATION

CLEARWATER FL 33755

2. Principal Place of Business as above 3. Mailing Address ABOVE QS. Suite, Apt. #, etc. City & State City & State



☐ CHECK HERE IF MAKING CHANGES

DATE

59-3503464

Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Addition Fee Required	ial
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
SMITH, PAMEL 1574 SOUVEN CLEARWATER	ir dr.			dress (P.O. Box Number is Not Acceptab	e)	
			City	egistered agent or both in the State of F	FL Zip Code	

the obligations of registered agent.

11.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

9. Election Campaign Financing Trust Fund Contribution.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

4. FEI Number

\$5.00 May Be Added to Fees

Applied For

Not Applicable

NAME STREET ADDRESS	P SMITH, PAMELA 1574 SOUVENIR DR. CLEARWATER FL 33755	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition S
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change	: Addition

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,

SIGNATURE: