## **FILED** Mar 06, 2003 8:00 am Secretary of State

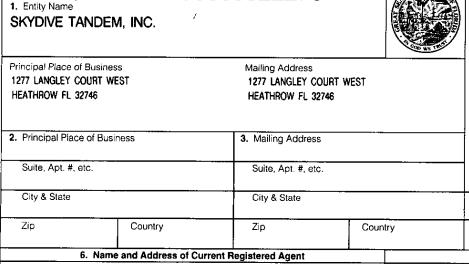
03-06-2003 90089 018 \*\*\*150.00

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

## DOCUMENT #

P98000022270

1. Entity Name



2. Principal Place of Business		3. Mailing Address				<b>10</b> 117	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-3503410 Applied For Not Applicable			
Zip Country		Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current		7. Name and Address of New Registered Agent				
		Name	Name				
TETERS, JAMES A			Street Address (P.O. Box Number is Not Acceptable)				
1277 LAN	IGLEY COURT WEST		Street Addres		Number is Not Acceptable)		
HEATHRO	OW FL 32746				· · · · · · · · · · · · · · · · · · ·		
112111111	544 1 E GE7 10		City	Zip Code			e
	1				•	F L   '	
the obliga	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	s registered office or regi:	stered agen	t, or both, in the State of Florida. I		and accept
SIGNATURE	Signature typed or printed name of registered agent	t and title if applicable. (NO	TE: Registered Agent signature req	uired when reins	ating) D	-/-0Z.	
(F	HE NOW!!! FEE IS \$150.00		7.00	<u> </u>			
_	r May 1, 2003 Fee will be \$550.00				9. Election Campaign Financing		<b>0</b> мау Ве
	k Payable to Florida Department o	of State		ļ	Trust Fund Contribution.	☐ Added	to Fees
10.	OFFICERS AND	DIRECTORS	11.		TIONS/CHANGES TO OFFICERS	AND DIRECTOR	\$ IN 11
TITLE	D	☐ Delete	TITLE	7,001	HONO, OF INNALES TO OFF TOLETS	☐ Change	Addition
NAME, - "	TETERS, JAMES A JR.	□ belete	NAME			Change	Addition
STREET ADDRESS	1277 LANGLEY COURT WEST		STREET ADDRESS				
CITY-ST-ZIP	HEATHROW FL 32746		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME	, y		NAME				
STREET ADDRESS		•	STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		7/46	☐ Change	☐ Addition
IAME -			- NAME				
TREET ADDRESS			STREET ADDRESS			`.	
CITY-ST-ZIP		·	CITY-ST-ZIP			1000	
ITLE		☐ Delete	TITLE			Change	☐ Addition
ETREET ADDRESS		<b>→</b>	NAME				
TREET ADDRESS			STREET ADDRESS				
			CITY-ST-ZIP				,-
ITLE Jame		☐ Delete	TITLE			Change	☐ Addition
TREET ADDRESS			NAME STREET ADDRESS				
	1		■ STUTET MODUESS				

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 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

Delete

☐ Change

☐ Addition