2003 FOR PROFIT CORPORATION

May 01, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P98000029881 DOCUMENT # 05-01-2003 90975 050 ***150.00 1. Entity Name PORT RICHEY ALF, INC. Principal Place of Business Mailing Address 70103251 7235 BRYAN DAIRY RD 7235 BRYAN DAIRY RD LARGO FL 33777 LARGO FL 33777 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3539770 59-3504334 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HEENAN, JAMES E Street Address (P.O. Box Number is Not Acceptable) 7235 BRYAN DAIRY RD LARGO FL 33777 City 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE ☐ Delete TITLE Change MOSES, MICHAEL J II NAME NAME 7235 BRYAN DAIRY RD STREET ADDRESS STREET ADDRESS **LARGO FL 33777** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME HEENAN, JAMES E NAME STREET ADDRESS 7235 BRYAN DAIRY RD STREET ADDRESS CITY-ST-ZIP LARGO FL 33777 CITY-ST-ZIP TITLE a sa 🚙 🚧 🎭 . Delete TITLE Change ☐ Addition **BOSWORTH, LOIS** NAME NAME STREET ADDRESS 7235 BRYAN DAIRY RD STREET ADDRESS CITY-ST-7IP LARGO FL 33777 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME

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 of the true tempowered 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

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TITLE

NAME

SIGNATURE:

STREET ADDRESS

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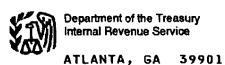
TITLE

NAME

MURIAMES & HEE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Addition



A Hachment # 80 10 3251

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In reply refer to: 0716821793 June 29, 1998 LTR 147C 59-3504330 000000 00 000 04486

PORT RICHEY ALF INC % MICHAEL J MOSES II 750 STARKEY RD LARGO FL 33771-2365508

Employer Identification Number: 59-3504330
______IRS_Control Number:

Dear Taxpayer:

Thank you for the inquiry dated June 01, 1998.

Your employer identification number (EIN) is 59-3504330. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence or documents.

If you have any questions, please call us at the IRS telephone number listed in your local directory (or 1-800-829-1040).

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ()_____ Hours____

~We~apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

Cheryl N. Lewis Chief, Taxpayer Relations

Enclosure(s):
Copy of this letter