2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2003 8:00 am Secretary of State

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1. Entity Nam		0040969		05-14-2003 90140 048 ***150.00		
4901 S SALFORD BLVD 4901 S SALFORI		Mailing Address 4901 S SALFORD BLVD NORTH PORT FL 34287				
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 65-0837045 Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired		
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent		
HEIMUR, MICHAEL 4901 S SALFORD BLVD		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
NORTH P	NORTH PORT FL 34287		City	FL 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 or fegistered agent and till applicable. (NOTE: Registered Agent signature required when reinstating)						
Afte Make Check	ILE NOW!!! FEE IS \$156.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND I D HEIMUR, MICHAEL 4901 S SALFORD BLVD NORTH PORT FL 34287	DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS ÇITY-SI-ZIP	☐ Change ☐ Addition		
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		☐ Delete	TITLE NAME STREET ADDRESS	☐ 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 supplier ental 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 trustee empowered to accurate injury properties of the corporation or the receiver of trustee empowered to accurate injury properties. Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the rece changed, or on an attachme

SIGNATURE

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(941)429-8103