## 2003 **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FOR PROFIT CORPORATION A TOTAL

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91772 018 \*\*\*150.00

DOCU 1. Entity Nan	MENT# P9800004  DESOUSA CARPENT				05-05-2003	91772 01	8 ***	150.00			
DO NOT WRITE IN THIS SPACE							11040883				
	Place of Business OLD MILL <b>Qd</b> #, etc.	1974	3. Mailing Address 1974 S OLD MILL Rd Suite, Apt. #. etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	te A F1		& State		 L	4. FI	Et Number 59 - 3512620		T-	Applied For Not Applicable	
Zio 3272	Country.	Zip.	<del></del>	Countr		5C	ertificate of Status Desired-		8.75 ee Requ	Additional	
	<del></del>					7. Nan	ne and Address of Current	Registered /	gent		
DO NOT WRITE					Street Address (PO Box Number is Not Acceptance)						
				}	City	DEI	TONA	FL	ZipC	Code 7 2 5	
8. The above	named entity submits this statement f	or the purpo	ose of changing its	s registered	d office or regi						
	tions of registered agent.		- •		-						
SIGNATURE	<u> </u>					<del> </del>				<u> </u>	
Ja	Signature, typed or printed name of registered agent muary 1 - May 1 Fee is \$150.00	t and tile if appl	icable. (NO	TE: Begistered	Agent signature req	ured when teir	staling)	DATE			
	After May 1, Fee is \$550.00 Amended UBR is \$61.25 k Payable to Florida Department o	f State					Election Campaign Fir     Trust Fund Contribution			5.00 May Be ded to Fees	
10.	OFFICERS AND		RS	1			L			·	
TITLE NAME	PVST DESOUSA, ROBERT			TITLE NAME							
STREET ADDRESS	1974 S OLD MILL R	D			T ADDRESS						
CITY-ST-ZIP	DELTONA FL 3272	5	·- <u>·</u> ··· <u>·</u> ···	CITY-S	ST-ZIP		- <del> </del>				
NAME			ينجو د عرد	TITLE NAME		<u>.</u> يىمى د	د - بنید، بریشید-حسیمه	پنسپ		<u> </u>	
STREET ADDRESS				1	T ADDRESS		•				
CITY-ST-ZIP		<del></del>		CITY-5	ST-ZIP		<del></del>			<del></del>	
TITLE NAME				TIT <u>le</u> Name	1		,				
STREET ADDRESS				STREET	ADDRESS		DO NOT	\//DIT	-=		
CITY-ST-ZIP	<u></u>	<del> </del>		CITY-S	ST-ZIP		DO NOT				
TITLE NAME				TITLE NAME			IN THIS	SPAC	E		
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP	<u> </u>	<del></del>		CITY-S	ST - ZIP					~ <del></del>	
, TITLE NAME	1			NAME	1						
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				CITY-S TITLE	01+ ZIP		<del></del>	<del></del>		<del></del>	
NAME.				NAME							
STREET ADDRESS					ADDRESS					•	
CITY-ST-ZIP	north that the information " ' '	h thic fit	door act and 15 1	CITY-S		Coatte de	0.07(0)(3) 51-11-51			- Infance - 1	
indicated of the cor	certify that the information supplied with lon this report or supplemental report in reporation or the receiver or trustee em int with an address, with all other like el	is true and a powered to	ccurate and that	my signatu	re shall have ti	ne same le	gal effect as if made under i	bath; that I am	an office	cer or director	