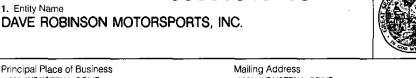
04-21-2003 90376 022 ***150.00

2003	FOR	PROFIT	CORPORA	TION
UNIFO	RM B	USINES	REPORT	(UBR)

P98000046485 DOCUMENT #



Principal Place of Business 1991 INDUSTRIAL DRIVE DELAND FL 32724		Mailing Address 1991 INDUSTRIA DELAND FL 327	L DRIVE	☐ CHECK HERE IF MAKING CHA		
2. Principal Place of Business		3. Mailing Addre	SS			
Suite, Apt. #, etc.		Suite, Apt. #, e	etc.			
City & State		City & State		4. FEI Number 59-3516606		
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.7		
	6. Name and Address of Cu	irrent Registered Agent		7. Name and Address of New Registered Agent		

- I NAMILIANDE DEM TATALE RANGE MOTTE MARTE MARTE MARTE MENDE METER METER ANTE PARA	U

CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For 59-3516606 Not Applicable

\$8.75 Additional _5._Certificate of Status Desired Fee Required ---

CAROLAN, J P III 250 PARK AVE. SOUTH, 5TH FLOOR WINTER PARK FL 32789

FILE NOW!!! FEE IS \$150.00

Make Check Payable to Florida Department of State

After May 1, 2003 Fee will be \$550.00

Name	•			
Street Address (P.O.	Box Number is Not Acceptal	ole)		
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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS - CITY-ST-ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
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 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 of Justee 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.

SIGNATURE: