2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)



FILED Mar 19, 2003 8:00 am { Secretary of State

1. Entity Nar		JUU3U433		03-19-2003 90167 013 ***150.00
Principal Place of Business 19286 QUIET OAK LANE BROOKESVILLE FL 34604 US		Mailing Address 19286 QUIET OAK LANE BROOKESVILLE FL 34604 US		
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 59-3517913 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current	Registered Agent	and a second	
•			Name	
	ISS, RICHARD W JR.		Street Address	(P.O. Box Number is Not Acceptable)
19286 QUIET OAK-LANE				V. C.
BROOKS	VILLE FL 34604			
			City	FL Zip Code
8. The above	e named entity submits this statement for tiops of registered agent.	or the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Augusture, typed or printessage of registered agent	and title if applicable (NOT)	Lond W. Hods E: Registered Agent signature require	LK155 Jr. Printed 03-12-03
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOTCHKISS, RICHARD W JR 19286 QUIET OAK LANE BROOKSVILLE FL 34604	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOTCHKISS, NANCY A 15470 MAGPIE ROAD BROOKSVILLE FL 34614	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOTCHKISS, COLLEEN R 19286 QUIET OAK LANE BROOKESVILLE FL 33604	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOTCHKISS, RONALD W 15470 MAGPIE ROAD BROOKSVILLE FL 34614	☐ 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 o	certify that the information supplied with	this filing does not qualify for	the exemption stated in Se	ection 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 attachmen with an address, with all other like empowered. *3*5" --

SIGNATURÉ: