## FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90413 006 \*\*\*150.00

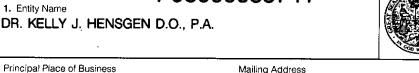
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

**500 MEMORIAL CIRCLE** 

SIGNATURE

P98000055741



Mailing Address

186 COQUINA KEY DR

STF C ORMOND BEACH FL 32176 ORMOND BEACH FL 32176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country



CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 59-3519118 Not Applicable

\$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRIEBIS DANIELS Street Address (P.O. Box Number is Not Acceptable) 3890 TURTLE CREEK DRIVE B-1 PORT ORANGE FL 32127 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, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition HENSGEN, KELLY J NAME NAME STREET ADDRESS 186 COQUINA KEY DRIVE STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32176 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME titone, kimela m NAME STREET ADDRESS 186 COQUINA KEY DRIVE STREET ADDRESS CITY-ST-7IP ORMOND BEACH FL 32176 CITY-ST-ZIP Delete TITLE . Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 fepol 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

CR2E034 (10/02)