2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000056278



Country



Principal Place of Business 3411 JAY MARA PLACE APOPKA FL 32712

City & State

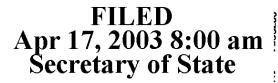
Zip

Mailing Address 3411 JAY MARA PLACE APOPKA FL 32712

City & State

Zip

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	



04-17-2003 90115 015 ***150.00

	☐ CHECK HERE IF MAKING	СН	ANG	ES		
4. FEI Number 59-3519619				Applied For Not Applicable		
	Sertificate of Status Desired	Fee	75 Requ	Add	itiona	
7. N	Name and Address of New Registered A	gen	ıt			
D. B	ox Number is Not Acceptable)					
	FL		Zjp C			
i ag	ent, or both, in the State of Florida. I am fa	amili	ar wi	th, a	ind a	ccept
ien re	instating) DATE					_
	9. Election Campaign Financing Trust Fund Contribution.	}) Ma to Fo	ıy Be ses
AD	DITIONS/CHANGES TO OFFICERS AND	DIR	ECT	ORS	IN 1	1
		_	Chang		_	Addition
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	S. Nome and Address of Community Contracts									
6. Name and Address of Current Registered Agent		NI	7. Name and Address of New Registered Agent							
TIONIN INFO		Name	Name •							
THOMAN, JAMES			Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
3411 JAY MARA PLACE										
APOPKA FL 32712										
			City				Zip Code			
			Ony			FL	Zib 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.										
SKNATURE										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	U E NOWIH EEE IS \$150.00									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00					Election Campaign Finan		\$5.0	0 May Be		
	Payable to Florida Department of State				Trust Fund Contribution.		Added	to Fees		
10.	OFFICERS AND DIRECTO	iDQ	11.		DITIONS/CHANGES TO OFFICE	DO AND D	VDECTORS	2 IN 11		
TITLE	P OFFICERS AND DIRECTO	□ Delete	TITLE	ADL	JI NONS/CHANGES TO OFFICE		Change	Addition		
NAME	THOMAS, JAMES	∟ Delete	NAME			ι	change	Addition		
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CITY-ST-ZIP	APOPKA FL 32712	-	CITY-ST-ZIP							
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Country

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 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 trusted empowered to execute the 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 IKB approvered.

SIGNATURE:

Date

Daytime Phone #