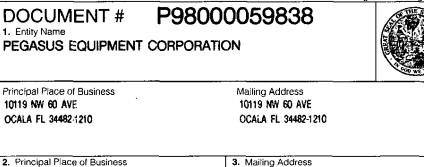
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable



Suite, Apt. #, etc.

City & State

Zip

FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90778 045 ***150.00

60025750

☐ CHECK HERE I	F MAKII	NG CHANGES
4. FEI Number 59-3524246		Applied For
	-	Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
7. Name and Address of New Re	gistere	d Agent
		· · · · · · · · · · · · · · · · · · ·

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

OS, BELINDA M 19 NW 60 AVE	Street Address (P.O. Box Numb	Street Address (P.O. Box Number is Not Acceptable)	
NLA FL 34482-1210			
	City	FL Zip Code	

Country

the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE (9 \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition TITLE. ☐ Delete TITLE KITOS, BELINDA M NAME NAME 10119 NW 60 AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP OCALA FL 34482-1210 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE '□' Delete Change Addition DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 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

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP