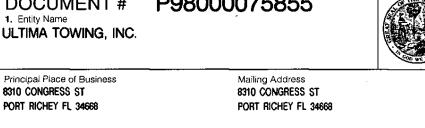
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P98000075855



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90352 007 ***150.00

Principal Place of Business 8310 CONGRESS ST PORT RICHEY FL 34668		Mailing Address 8310 CONGRESS ST PORT RICHEY FL 34668		1 148 11 2 1 1 1 1 1 1 1 1			
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	4. FEI Number 59-3533315		oplied For
Zip	Country	Zip	Country	5. Certificate of Status Desired		S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACCHIO, DENISE J				7. Name and Address of New Registered Agent Name Street Address (P.Ö. Box Number is Not Acceptable)			
8310 CON PORT RICH	GRESS ST HEY FL 34668	Street Volues	Gross, activities in the company				
			City		FL	Zip Cod	e
SIGNATURE .	Signature, typed or printed name of registered ager ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department		E: Registered Agent signature requ	9. Election (DATE Campaign Financing d Contribution.		May Be
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHAN	GES TO OFFICERS AND D	DIRECTOR	S IN 11
NAME STREET ADDRESS	D MACCHIO, DENISE 6803 INDUSTRIAL AVE. PORT RICHEY FL 34668	☐ 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	پر سد چه خاند کار اسی	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied will	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Section 110.07(2)(i). Flam		☐ Change	Addition

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.

SIGNATURE: