## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

UN	IFORM BUSINE	SS REPORT	(UBR)	<u> </u>	Jan 31, A		
1. Entity Nam		0076535				ary of S1 90096 035 ***15	
2923 24TH S BRADENTON	FL 34205	Mailing Address 2923 24TH ST W BRADENTON FL 34205					
2. Principal F		3. Mailing Address  Let Co Sh F  Suite, Apt. #, etc.	De Dr. W	٥.	_	IF MAKING CHANGE	
Gity & Star	Eston, Fl	City & State  Sade 7+00.	F.(	4.	FEI Number <b>65-0906053</b>	<del>  </del>	Applied For Not Applicable
3420	Country	Zip 34209	Country Marstee		Certificate of Status Desired  Name and Address of New R	□ \$8.75 A Fee Requi	Additional
DYER, VALERIE L 2923 24TH STREET WEST BRADENTON FL 34205				yer dress (P.O. OG	Box Number is Not Acceptable	ີພ.	
•	e named aptity adamits this statement for tions of registered agent.	the purpose of changing its reg	City 3		フトルン gent, or both, in the State of Fic	FL Zig C	(209 <u> </u>
After Make Check	Signature, typed or printed name of registered agent as ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of		egistered Agent signatur	e required when	9. Election Campaign Fin Trust Fund Contribution		.00 May Be led to Fees
10.	OFFICERS AND (	DIRECTORS	11.	A	DDITIONS/CHANGES TO OFF	CERS AND DIRECTO	)RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dyer, Valerie L 2923 24TH Street West Bradenton FL 34205	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6206	Valerie L 84 Ave. Dr. W. ton, Fl. 34209	☐ Change	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDVT Dyer, Philip D 2923 24th Street West Bradenton FL 34205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDUT Byer, 1 6206 Braden	Ph.1.2 D 8th Ave Dr. W. ston Fl 34209	☐ Change	e 🗆 Addition
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE , NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>		Change	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	e 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	, <del>u</del>		Change	e Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receive or trustee empor or on an attackment with an address.	true and accurate and that my s wered to execute this report as i	signature shall ha	ve the same	e legal effect as if made under c	ath; that I am an office	er or director