## **FILED** May 05, 2003 8:00 am Secretary of State 05-05-2003 91847 028 \*\*\*150.00

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

1. Entity Nan	MENT # P9800007				Acres 1				
Principal Place of Business 112 WISE AVE NICEVILLE, FL 32578		Mailing Address 112 WISE AVE	<del>-</del>		7-11	9012	9421	<u> </u>	a training
	viace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.			CHECK HE			
City & State		City & State			4. FEI Nu	umber   59-35388			pplied For of Applicable
Zip	Country	Zip	Coun	iry	5. Certifi	cate of Status Desire		8.75 Ad	ditional
	6. Name and Address of Curre	nt Registered Agent		<del></del>	7. Name	and Address of Ne			
BERRY, JA	MES KEVIN			Name James K					
30 GARDEN NICKVILLE,	N LANE, APT 124 FL 32578			Street Address (	P.O. Box Nu	imber is Not Accept	able)		
	•				112 Wise Avenue				
				ay Nicev	ille.		FL		2578
8. The above the obligat	named entity submits this statement ions of registered agent.	for the purpose of chang	ging its registere	ed office or register	red agent, o	r both, in the State of	Florida. I am fa	umiliar with,	and accept
SIGNATURE	Signature, Typed or printed name of registered age	miggiffs दुर्गिके हैं 	(MOTE Reviewe	Agent Signature required	Luthan mintruin	· ·	CATE		_ <del></del>
F After	ILE NOWITI FEE IS \$150.00 May 1, 2003 Fee Will be \$550.0 Payable to Fjorida Departmen	<b>d</b>				Election Campaign Trust Fund Contribu	Financing	<b>\$5.0</b> Adde	00 May Be
10.		D DIRECTORS	11.		ADDITIO	NS/CHANGES TO C	OFFICERS AND	DIRECTOR	S IN 11
	D BERRY, KIMBERLY GAY 30 GARDEN LANE, APT 124	□ Delet	NAME STREE	Vch TADDRESS 112			у)	XI Change	Addition
CITY-ST-ZIP TITLE NAME	D BERRY, JAMES KEVIN	☐ Delew	TITLE	TITLE (1ch		, FL 32578 ddress onl Avenue		XI Change	Addition
STREET ADDRESS CITY-ST-ZP	30 GARDEN LANE, APT 124 NICEVILLE, FL 32578					Avenue , FL 32578			~.
TITLE NAME STREET ADDRESS		. · · - · · Delex	NAME					Change	Addition
CITY-ST-ZP		·	City-	ST - 21P					
TITLE Name Street address		- Delete	NAME STREE	T ADDRESS		I		Change	☐ Addition
CITY-ST-ZP TITLE NAME		Delete		ST-21P		1		Change	Addition
STREET ADDRESS City-S1-2IP				T ADDRESS ST-ZIP					!
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defeta	NAME STREE	ſ		:		Change	☐ Addition
12. I hereby condicated of the corr	erity that the information supplied wo on this report or supplemental report or supplemental report or attack or or on an attack on the supplement with an address	is true and accurate and powered to execute this	alify for the exent that my signature out as require	nption stated in Sec	oma lanal a	ffact ac if mada und.	ar aath-that í ari	an <i>omica</i> c	or director 1