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

## FILED May 05, 2003 8:00 am Secretary of State

1. Entity Nam	andun, into. Me	L		00			
Principal Place of Business 3043 CURRY FORD ROAD 7006 Stapoint Ct Mailing Address 3043 CURRY FORD ROAD SHITE-3 SUITE 3 ORLANDO FL 32806 WINTER PULK 32 792				1104	11041567		
2. Princípal Place of Business 3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		☐ CHECK H	☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number	5 9 3 3 4 7 Not Applicable		
. Zip	Country	Zip	Country	5. Certificate of Status Desi	Fee Require	ditional d	
A	6. Name and Address of Current R	legistered Agent	Name	7. Name and Address of N	7. Name and Address of New Registered Agent		
PELET, ALFXANDER V 32349 SHADOW BROOK LANE			Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32828							
			City		Zip Code	e	
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.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when retreating)  DATE							
File Now II FEE is \$150.00.  Selection Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Revuble to Florida Degartment of State							
10.	OFFICERS AND D	<u> </u>	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS	SIN 11	
TITLE NAME STREET AODRESS CITY-ST-ZIP	P VAN PELET, ALEXANDER 12349 SHADOW BROOK LANE ORLANDO FL 32828	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	i i i i i i i i i i i i i i i i i i i	☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	i dis	☐ Change	Addition	

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 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.