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

DOCUMENT

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

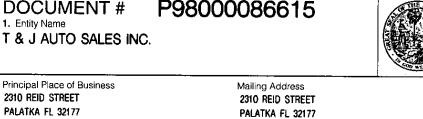
P98000086615

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip





FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90446 014 ***150.00



		CHECK HERE IF	WARING CHAN	IGES
4.	FEI Number	59-3535422		Applied For
		00°0000422		A 1 - 1 A - 12 - 13

Count	ry Zip	Coun	try	5. Certificate of	Status Desired		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		-	7. Name and Address of New Registered Agent				
			Name		-	-	-
CKLAND, THOMAS E							
			Street Address (P.O. Box Number is Not Acceptable)				

Country

STRIC 123 MELLON ROAD PALATKA FL 32177

City	FL	Zip Code
	 ·	

١, '	The above named entity submits this statement for the purpose of changing its registered office or registered agent, o	or both, in the State of Florida.	Lam familiar with.	and accept
- 1	the obligations of registered agent.	,		and doop.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Country

9.	Election Campaign Financing
	Trust Fund Contribution.

\$5.00 May Be Added to Fees

Not Applicable

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE NAME STREET AODRESS CITY-ST-ZIP	P STRICKLAND, THOMAS E 123 MELLON RD PALATKA FL 32177	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ST STRICKLAND, MILDRED J 123 MELLON RD PALATKA FL 32177	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition 2	
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		□ 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	

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 attackment with an address, with all other like empowered.

SIGNATURE/