FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90292 036 ***150.00

the obligations of registered agent.

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

OFFICERS AND DIRECTORS

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

2477 STICKNEY POINT ROAD

2477 STICKNEY POINT RD

AVERITT, THOMAS

SARASOTA FL 34231

AVERITT, THOMAS

SARASOTA FL 34231

TSD

SIGNATURE

10.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

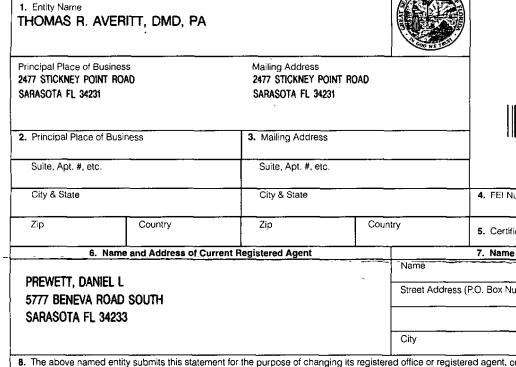
TITLE*~

NAME

TITLE

NAME

NAME



	CHECK HERE IF M	IAKING CHANGES
	4. FEI Number 65-0871935	Applied For Not Applicable
		\$8.75 Additional Fee Required
-	7. Name and Address of New Regis	stered Agent
i) :	P.O. Box Number is Not Acceptable)	
_	······································	Zip Code
	ed agent, or both, in the State of Florida.	
	when reinstating)	DATE
	Election Campaign Financi Trust Fund Contribution.	ing \$5.00 May Be Added to Fees
	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 11 Change Addition
		. Crange Auditor
		☐ Change ☐ Addition
-		Change Addition
		☐ 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.

CITY-ST-ZIP

(NOTE: Registered Agent signature requir

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

Delete

☐ Delete

☐ Delete

☐ Delete

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Averitt

<u> 4-16-03</u>

Daytime Phone #

☐ Change

☐ Addition

R2E034 (10/02