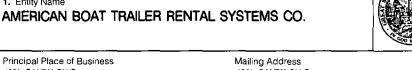
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000089980

1. Entity Name





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

05-05-2003 90890 001 ***600.00

						OF WE IS						
Principal Place 4621 GANDY TAMPA FL 33	BLVD	ss	4621	Mailing Address 4621 GANDY BLVD TAMPA FL 33611				. 1 01 44 0 86 (1 1 1 0 106 148)(1 0 111 0 014 1	11 11 11 121 11	11 8 18119 1919 1	1 2 114 52 14 1 23 4	
2. Principal I	Place of Busi	ness	3. Mai	ling Address								
Suite, Apt	. #, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4.	FEI Number 59-3538380			pplied For ot Applicable	
Zip	Country		Žip	Zip Cour		itry	5.			8.75 Add		
	6. Name	and Address of Curre	nt Registere	ed Agent .			7.	Name and Address of New Reg	istered A	gent		
						Name						
KNUTSSON, GEORGE						Stroot Add	000 /P.O. F	Pay Number in Not Acceptable				
4621 GANDY BLVD							Street Address (P.O. Box Number is Not Acceptable)					
TAMPA F	-											
•						City FL Zip Coo				Zip Code	e	
	e named entit itions of regis		for the purp	ose of changing its	register	ed office or reg	gistered ag	gent, or both, in the State of Florid	a. I am fa	miliar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered age	nt and title if app	olicable. (NOTE	E: Registere	d Agent signature re	equired when re	einstating)	DATE			
Afte	r May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department				,		9. Election Campaign Finan Trust Fund Contribution.	cing		0 May Be to Fees	
10.		OFFICERS AN	D DIRECTO	D DIRECTORS 11.			AD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	Р		,	☐ Delete	TITL	: T	,	<u></u>		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	KNUTSSO 4621 GAN TAMPA FL				NAM STRE							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		· ·				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		· I	-			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		- 1				Change	Addition	
TITLE		·		☐ Delete	TITLE					☐ 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME



☐ Delete

Change

Addition