2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2003 8:00 am Secretary of State 05-19-2003 90208 018 ***150.00

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DOCUMENT # DOSOCOOSET

1. Entity Nan	MENT # P9800 PER-REAL-ESTATE_HOLD!!							05-19-2003 9020	8 018 **	*150.00	
2401 OVERSEAS HIGHWAY			Mailing Address 2401 OVERSEAS HIGHWAY MARATHON FL 33050								
2. Principal Place of Business 3.			Mailing Address					1 1061/1001 (16 15/61 101/1 15/41 00/1)	1 1111 1111 11		01111 1401 1401
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FE	Number 65-0880547			oplied For ot Applicable
Zip	Country	Zip		itry		5. Certificate of Status Desired See Required					
	6. Name and Address of Curren	t Registere	ed Agent		Γ		7. Na	me and Address of New Re			
MILLER					Name						
Miller, Robert K 2975 Overseas Hwy.					Street Address (P.O. Box Number is Not Acceptable)						
MARATHON FL 33050				 <u>-</u>							
	 				City	- ,-,- ,			FL	Zip Cod	
the obligat	named entity submits this statement fi tions of registered agent.	or the purp	iose of changing its r	egistere	ed office or	registered	i ager	it, or both, in the State of Flori	da. Iam fa	miliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agen	t and title if app	licable. (NOTE:	Registere	d Agent signatu	re required wh	ien reins	siating)	DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	of State						Election Campaign Fina Trust Fund Contribution.	ncing		0 May Be I to Fees
10.	OFFICERS AND	DIRECTO	RS	11.			ADD	ITIONS/CHANGES TO OFFIC	ERS AND	DIRECTORS	3 IN 11
TITLE NAME ' STREET ADDRESS CTY-ST-ZIP	D MOWDER, ROBERT 2401 OVERSEAS HWY MARATHON FL 33050		☐ Delete		ſ					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	•	1					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	٠.		☐ Delete		Į					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		J					Change	☐ Addition
TITLE		-	☐ Delete		J					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with	h this filing	Delete	CITY-	ET ADORESS ST-ZIP	ad in Soath	on 11	9 07(3)(i) Elerica Statutes 1.6		Change	Addition

2. I needy certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florica Statutes. Hurther 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mon 1, 2003

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