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

## FILED Apr 24, 2003 8:00 am Secretary of State

1. Entity Nar		00101622				04-07-2003 9	0178 035 *	**150.00	
Principal Place 103 EL PRAD PALATKA FL	• .	Mailing Address 103 EL PRADO CT PALATKA FL 32177							
2. Principal Place of Business		3. Mailing Address				-) 4 TOORSOOT TEE SOURT TOKEN BEINT ORDIN EERDY HIGH EERDY HIGHE ONLY THEY WORD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State		بر مجب	1 50-2522719		opplied For lot Applicable	-	
Zip	Country	Zip	p Goun		5. Certificate of Status Desired S8.75 Addition Fee Required		iditional ed		
	6. Name and Address of Current	Registered Agent			7. Nar	me and Address of New Register	ed Agent		1
مناسب المساعد				Name	-				]
WILLIAMS, WALLACE M 103 EL PRADO CT				Street Address	(P.O. Box Number is Not Acceptable)				
PALATKA	FL 32177			City	Zip Code				-
	named entity submits this statement for	or the purpose of changing	g its registere	ed office or registe	ered agent			, and accept	1
SIGNATURE								<del></del>	
	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered	1 Agent signature require	ad when reinsta	sting) DAT	E		1
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	l State				Election Campaign Financing Trust Fund Contribution.	\$5.0 Adde	00 May Be d to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDIT	IONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	1_
TITLE	P	☐ Delete	TITLE				☐ Change	☐ Addition	8
NAME STREET ADDRESS CITY-ST-ZIP	WILIAMS, WALLACE M REPEROX 6146 - 103 El Prado Ct. PALATKA FL 32177			E Et address -ST-71P					CR2E034 (10/02)
TITLE	S WILLIAMS, KAREN	☐ Deteta	TITLE				☐ Change	Addition	25
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iz. Thereby C	ertify that the information supplied with	u na miniy uqes not quality	HOLING BXBM	ipuon stated in Se	-cion 119.	υτιοχή, πιοτίσα Statutes, i tunther (	aeruny manine u	HUTTHEHON	

2. I nereby Certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Forida 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 of 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 BEOMBED

Wallace M Williams

3/24/03

386-328-\$90

me Phone 4

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