2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P9900001622 **DOCUMENT #**

1. Entity Name



FILED Mar 10, 2003 8:00 am Secretary of State

C&HE			03-10-2003 90743 005 ***150.00								
Principal Place of Business 320 SCENIC GULF DR #113 DESTIN FL 32550		Mailing Address 320 SCENIC GULF D #113 DESTIN FL 32550	320 SCENIC GULF DR #113						11818 1180 1881		
2. Principal Place of Business		3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State	City & State		-	4. FEI Number 59-3551291	9-3551291 Applied For		oplied For ot Applicable		
Zip	Country	Zíp	Cou	ntry		5. Certificate of Status Desired		3.75 Add	ditional		
	6. Name and Address of Cur	rent Registered Agent				7. Name and Address of New Re	gistered Age	ent			
war o.co-	111120-0			Name							
WILDER,		-				Street Address (P.O. Box Number is Not Acceptable)					
102 OAKI			·	· · · · · · · · · · · · · · · · · · ·							
FORT WA	LTON BEACH FL 32547										
	<u> </u>	,		City		. #18	FL	Zip Cod	e		
8. The above the obligation	e named entity submits this stateme tions of registered agent.	ent for the purpose of changing	g its registe	red office or	registered	d agent, or both, in the State of Flori	da. I am fam	iliar with,	and accept		
SIGNATURE									ĺ		
0.07.11.10.11.2	Signature, typed or printed name of registered a	agent and title if applicable.	(NOTE: Register	ed Agent signatu	re required wh	nen reinstating)	DATE				
e ک	LE NOW!!! FEE IS \$150.00	5									
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Fina Trust Fund Contribution.	ncing		May Be to Fees		
10.		AND DIRECTORS	11.			ADDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTORS	3 IN 11		
TITLE NAME STREET ADORESS	PSTD BEASLEY, HOLLIS R 856 SCALLOP COURT	☐ Delete	TITL NAN STR	ľ	320	Sconic Gulf Dr. +		Change	☐ Addition		
CITY-ST-ZIP	FORT WALTON BEACH FL 32	2548	CIT	/-ST-ZIP	Des	tin , FL 32550					
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete				•] Change	☐ Addition		
TITLE		☐ Delete	TITL	I				Change	Addition		
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS -ST-ZIP				<u></u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	CITY	et address -st-zip				Change	Addition		
indicated	erary area are imprination subblied.	with this illing does not qualify	rior the exe	mption state	a in Sectio	on 119.07(3)(i), Florida Statutes. I fu	rther certify t	nat the inf	formation		

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 ether like empowered.

SIGNATURE:

Date

Daytime Phone #