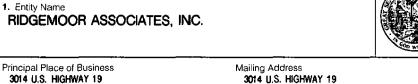
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P9900001686 DOCUMENT #





## **FILED** Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90153 047 \*\*\*150.00

VVVVULIU4

			HOLIDAY FL 34691								
2. Principal Place of Business  Suite, Apt. #, etc.  City & State			3. Mailin	g Address	<del></del>	1	C) CHECK HERE IF MAKING CHANGES				
			Suite,	Apt. #, etc.	,. <del></del> .						
			City & State			4.	4. FEI Number 59-3551356 Applied For Not Applied				
Zip	C	ountry ÷	Zip	ا بو د.	Country	5. (	Certificate of Status Desir		8.75 Add	ditional	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
					Name						
•	RICHARD M			Street Add			ress (P.O. Box Number is Not Acceptable)				
	HIGHWAY 19					` :					
HOLIDAY I	FL 34691		•								
					City			FL	Zip Cod	9	
	amed entity sub		for the purpos	e of changing its	registered office or	registered age	ent, or both, in the State of	of Florida. I am fa	ımiliar with,	and accept	
_	•	Ū									
SIGNATURE si	ignature, typed or prir	nted name of registered age	nt and title if applica	ble. (NOTE	: Registered Agent signatu	re required when re	einstating)	DATE			
<del></del>		, , , , , , , , , , , , , , , , , , ,									
: After I	May 1, 2003 F	EE IS \$150.00 ee will be \$550.00 rida Department	I .				9. Election Campaig Trust Fund Contrib		<b>\$5.0</b> Added	<b>0</b> May Be I to Fees	
10.	<del></del>	OFFICERS AN	D DIRECTORS	3	11.	AD	DITIONS/CHANGES TO	OFFICERS AND	DIRECTOR	S IN 11	
TITLE	PD			☐ Delete	TITLE				Change	Addition	
NAME	BEKESH, RIC				NAME						
	3014 US HW				STREET ADDRESS	1					
	HOLIDAY FL	34091			CITY-ST-ZIP						
	DVP .	/ ICU ·		☐ Delete	TITLE				☐ Change	☐ Addition	
	FARHOD, NII 3014 US HW				NAME STREET ADDRESS						
	HOUDAY FL				CITY-ST-ZIP						
TITLE	T		·	Delete	TITLE		<del></del>		☐ Change	Addition	
	BEKESH, LA	JRA E		Delete	NAME				Onlango		
	3014 US HW				STREET ADDRESS	:					
CITY-ST-ZIP	HOLIDAY FL	34691			CITY-ST-ZIP						
TITLE				☐ Delete	TITLE				Change	☐ Addition	
NAME					NAME						
STREET ADDRESS					STREET ADDRESS	•					
CITY-ST-ZIP					CITY-ST-ZIP						
TITLE				☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS					NAME Street Address						
CITY-ST-ZIP					CITY-ST-ZIP						
TITLE		• •	• н.	Delete "	TITLE	* · · * · · oh			☐ Change	Addition	
NAME					NAME	• 1	2. ,,				
STREET ADDRESS					STREET ADDRESS						
OTHER PROPERTY											

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under dath; 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 toher like empowered.