FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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OCUMENT # P9900003758								2 AM :			
IABORS H				<i>5</i>	SECRETARY OF STATE TALLAHASSEE, FLORIDA						
rincipal Place of Business NTT REDBIRD LANE BROOKSVILLE FL 34601		Mailing Address 9176 REDBIRD LANE BROOKSVILLE FL 34601									
Principal Place of Business 3. M		3. Mailing Address	Mailing Address			\$ (BPRSM (IN 1894 : 1914) delit desit antit parti antit partit antit					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES A SELANDOR OF THE ACTION OF					
City & State		City & State	& State		4. FI	El Number 59	3552119		Not	Applicable	
Zip	Country	Zip	Coun	itry		ertificate of State		غ ب	8.75 Addit		
	6. Name and Address of Curren	nt Registered Agent			7. N	lame and Addre	ss of New R	legistered A		77	
	6. Name and Address			1 *							
NABORS, CHARLES 9176 REDBIRD LANE				Street Address (P.O. Box Number is Not Acceptable)							
BROOKSVILLE FL 34601									1 7: 6		
				City	FL Zip Code						
8. The above r	named entity submits this statement ons of registered agent.	for the purpose of changing i	ts registe	red office or re	egistered ag	ent, or both, in th	e State of Fl	orida. I am iz	arinnst Mini's	aid accept	
ть оридали	THE ALTERNATION AND ALTERNATIO									{	
SIĞNATURE -	Signature, typed or printed name of registered eq	ant and title if applicable. (N	OTE: Register	red Agent signature	required when re	einstating)		DATE			
FILE NOW!!! FEE IS \$150.00						9. Election Trust Fur	Campaign F nd Contributi	inancing on.		May Be	
Make Check	Payable to Florida Department	or State			10	DDITIONS/CHAN	IGES TO OF	FICERS AND	DIRECTOR	S IN 11	
10.		ND DIRECTORS	11	TI F	PRESI	DENT			(IZ Change	Addition	
NAME STREET ADDRESS	NABORS, CHARLES 9176 REDBIRD LAN	Delete _	N/ ST	ME	NABOR 9176 F	IS, CHAR REDBIRD SYILLE,	LANE	3460	<u> </u>		
CITY-ST-ZIP	BROOKSVILLE FL 34601	☐ Delete			SECRE'	rary			☐ Change	Addition	
NAME STREET ADDRESS			S	TREET ADDRESS	9176	GILZENE REDBIRD		-	~	I	
CITY-ST-ZIP						SVILLE,	<u>. 1 1 4</u>	<u> </u>	☐ Change	Addition	
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NALIE STREET ADDRESS			\$	STREET ADDRESS	i	01/09/04-	-01048-	002 #	*61.25		
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NAME STREET ADDRESS	-			NAME STREET ADORESS		700 0 01/28/04	1256 -01016	.125 (. 019 :	⊆. **88.75		
CITY-ST-ZIP		☐ Delete		CITY-ST-ZIP TITLE	ļ	<u> </u>			☐ Change	Addition	
NAME STREET ADDRESS				NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby indicate of the contange	certify that the information supplied of on this report or supplemental report or trustee or poration or the receiver or trustee d, or on an attachment with an add	d with this filing does not qual port is true and accurate and empowered to execute this re less, with all other like empow	ify for the that my si port as re ered.	exemption sta gnature shall h equired by Chi	ited in Section have the same apter 607, Fl	on 119.07(3)(i), F ne legal effect as lorida Statutes: a	lorida Statut if made und nd that my n	es. I further of der oath; that lame appears	ertify that the I am an office in Block 10	e information er or director or Block 11 if	