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

DOCUMENT # P 9900000 8801

1. Entity Name

2. Principal F 110

SIGNATURE

HOL DINGS CHERISY

Signature, typed or printed name of registered agent and title if applicable.



## FILED Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90058 049 \*\*\*150.00

DATE

CR2E034B (12/02)

90068242

DO NOT WRITE IN THIS SPACE				30000,414	
Principal Place of Business  JIO GREEN HAVEN TRAIL  Suite, Apt. #, etc.		3. Mailing Address  110 GREEN HAVEN TRAIL  Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	FL	City & State	FL	4. FEI Number Applied F- 59 - 3554462 Not Applie	
Zip 34677	Country U.S.A.	Zip 34677	Country U.S.A.	5. Certificate of Status Desired   \$8.75 Additional Fee Required	
			New York Control of the Control of t	7. Name and Address of Current Registered Agent	_
			Name Jo	HW A. HALL	
the state of the s	O NOT W			(P.O. Box Number is Not Acceptable)  GREENHAVEN TRAIL	

OLDSMAR ひんしつつ The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550,00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE TITLE VANITA HALL NAME STREET ADDRESS 110 GREENHAVEN TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OLDSMAR, FL JEGTT FITLE TITLE JOHN A. HALL NAME NAME GREENHAUEN TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP OLDS MAR. 34677 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an

SIGNATURE: