2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P99000017032

Principal Place of Business

1105 12TH STREET WEST

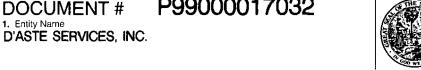
2. Principal Place of Business

BRADENTON FL 34205

Suite, Apt. #, etc.

City & State

Zip



Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

1105 12TH STREET WEST

BRADENTON FL 34205



May 01, 2003 8:00 am Secretary of State **FILED**

05-01-2003 90301 039 ***150.00

20036812

	CHECK HERE IF M	AKING	CHAN	GES
4. FEI Number	65-0903383			Applied For
				Not Applicable
5. Certificate of	Status Desired		\$8.75	Additional

D'ASTE, CAROL ANNA 1105 12TH STREET WEST **BRADENTON FL 34205**

7. Name and Address of New Registered Agent						
Name						
Street Address (P.C). Box Number is N	ot Acceptabl	e)			
City		• • • • • • • • • • • • • • • • • • • •	FI	Zip Code		

9. Election Campaign Financing

Trust Fund Contribution.

8. 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.

Country

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

\$5.00 May Be Added to Fees

Fee Required

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

	_ '				1
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D'ASTE, CAROL ANNA 1105 12TH STREET WEST BRADENTON FL 34205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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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 Block 11 if

SIGNATURE: