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

## **DOCUMENT #**

P99000024060

1. Entity Name



**FILED** Feb 11, 2003 8:00 am Secretary of State 02-11-2003 90080 007 \*\*\*150.00

Principal Place of Business 47 S, Principal Place of Business 20 S, Principal Place of Business 20 S, Principal Place of Business 20 S, Maining Address 20 S, Principal Place of Business 20 S, Maining Address 20 S, Principal Place of Business 20 Suria, Apt. 4 etc.	COPIONS,	IIVO.			7		
\$ Surie, Apr. #. etc.   Surie, Apr. #. etc.   City & Suite   City & City & Suite	421 S. PINE AVENUE 421 S. PINE AVENUE						
City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  September Sp-3575288  Nome  A. FEI Number Sp-3575288  Nome Status Desired  September Sp-3575288  Nome  September Address of New Registered Agent  City Spill Address of New Registered Agent  City FL  Zip Code  FL  Zip Code  FL  Zip Code  City FL  Zip Code  City Spill Address of New Registered Agent  City FL  Zip Code  FLE Now III FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Prayable to Prichts Department of State  Nome  Nome  September Address of New Registered Agent  City FL  Zip Code  FLE Now III FEE IS \$150.00  Added to Fees  Added to Fees  Nome  September Agent Ag	2. Principal Place of Business		3. Mailing Address			<u>                                      </u>	i
Country   Country   Country   S. Certificate of Status Desired   S. 75. Additional   See Required   S. 75. Additional   See Required   See	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAK	☐ CHECK HERE IF MAKING CHANGES	
Country   Country   Country   Country   S. Certificate of Status Desired   S. S. 75 Addisonal For Requirement Agent   For Requirement   For Re	City & State		City & State		4. FEI Number 59-3575268		ble
Name and Address of New Registered Agent   Name	Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	3.0
HICKS, DANIEL ESQ. 421 S. PINE AVENUE OCALA FL 34474    City   FL   Z p Code		6 Name and Address of Curren	nt Registered Agent	<u> </u>	7. Name and Address of New Register	<u> </u>	$\dashv$
421 S. PINE AVENUE OCALA FL 34474  City FL Zi p Code  Code After May 1, 203 Fee will be \$550.00  Anter May 1, 203 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11.  City FL Zi p Code  City	6. Name and Address of Current negistered Agent			Name			
City FL   Zip Code    8. The above named centry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the obligati				Street Address	s (P.O. Box Number is Not Acceptable)		
City   FL   Zip Code							- 1
tipe obligations of registered agent.  SIGNATURE    SIGNATURE				'	<del>_</del>	▔┗╴▁	
SIGNATURE   Signat	the obligati		for the purpose of changing its	s registered office or regist	tered agent, or both, in the State of Florida.	am familiar with, and acce	pt
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME 21 S. PINE AVENUE 0 CALIA FL 34474  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	CICNIATUDE	Signature, typed or printed name of registered age	ent and title if applicable. (NO	TE: Registered Agent signature requi	ired when reinstating) DA	TE	
11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11	After	May 1, 2003 Fee will be \$550.0	0 of State		, · ·		e
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	CITY-ST-ZIP			CITY-ST-ZIP	Coation 110 07(2)(i) Elevido Ciatidas I fireba	r cartify 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**