

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

DOCUMENT # P 99000031704
1. Entity Name



FILED
03 DEC 29 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P.O. BOX 126 3. Mailing Address 1515 Ridge Wood Ave

300025466763
12/12/03--01068--017 **150.00
DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Flagler Beach FL City & State Holly Hill FL

4. FEL Number 59-3566681 Applied For Not Applicable

Zip 32136 County Flagler Zip 32117 Country USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Joe Loquidice CPA
Street Address (P.O. Box Number is Not Acceptable) 1515 Ridge Wood Ave
Ste A
City Holly Hill FL Zip Code 32117

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.

SIGNATURE [Signature]
Signature, typed or printed name of registered agent and date if applicable.

REINSTATEMENT 03

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS
TITLE NAME (P) St Peter Paul
STREET ADDRESS P.O. BOX 126
CITY-ST-ZIP Flagler Beach FL 32136

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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)(f), 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 attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/03 (386/304-1000)
Date
Duplicate Form 4