FILED Apr 28, 2003 8:00 am

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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Surio, April 4, old. City & State Country Country Country S. Certificate of Status Despite City FL	210 FIELD END STREET		210 FIELD END STREET				
City & State Country Country Country Country Country Country Country S. Certificate of Status Deared S. S. 75, Additional Fee Required Fee Required Fee Required Name Name Name Name Name Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and acceptable of registered agent, or both, in the State of Fiorida. I am familiar with, and acceptable of registered agent, or both, in the State of Fiorida. I am familiar with, and acceptable of registered agent, or both, in the State of Fiorida. I am familiar with, and acceptable of registered agent, or both, in the State of Fiorida. I am familiar with, and acceptable of registered agent, or both, in the State of Fiorida. I am familiar with, and acceptable of registered agent, or both, in the State of Fiorida. I am familiar with, and acceptable of registered agent, or both, in the State of Fiorida. I am familiar with, and acceptable of registered agent, or both, in the State of Fiorida. I am familiar with, and acceptable of registered agent, or both, in the State of Fiorida. I am familiar with, and acceptable of registered agent, or both, in the State of Fiorida. I am familiar with, and acceptable of registered agent, or both, in the State of Fiorida. I am familiar with, and acceptable of registered agent, or both, in the State of Fiorida. I am familiar with, and acceptable of registered agent, or both, in the State of Fiorida. I am familiar with, and acceptable of Fiorida Deared with a special property of the special property of the purpose of changes (P.O. Box Number is Not Acceptable) Signal Acceptable of Fiorida Deared with a special property of the purpose of changes in the control property of the purpose of changes in registered agent, or both in the State of Fiorida. I am familiar with, and acceptable of the control property	2. Principal F	Place of Business	3. Mailing Address			T TO STATE A THE TRAIN THAT COURT BOTH BOTH BOTH STATE	
Space Space						☐ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent MATHEWS, MARK 210 FIELD END STREET SARASOTA FL 34240 City FL Zip Code 6. 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. Ten familiar with, and accidence or registered agent. SIGNAY-RE FILLE NOWILL FEE IS. \$150.00						4. FEI Number 59-3570033 Applied For Not Applicable	
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210 FIELD END STREET SARASOTA FL 34240 City FL Zip Code City FL		6. Name and Address of Current F	Registered Agent	Name		7. Name and Address of New Registered Agent	
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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: