2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

WINTER GARDEN FL 34787



Apr 07, 2003 8:00 am § Secretary of State 04-07-2003 90957 002 ***150.00

FILED

Principal Place of Business Mailing Address 530 SOUTH MAIN STREET 530 SOUTH MAIN STREET

After May 1, 2003 Fee will be \$550.00

2. Principal Place of Business 3. Mailing Address 232 Sount DILLAND STEGGI 232 SOUTH DILLARD STESSI Suite, Apt. #, etc.

Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES



DATE

City & State 4. FEI Number Applied For 59-3575980 GARDEN Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DELISLE, STEVEN A. Street Address (P.O. Box Number is Not Acceptable) 530 SOUTH MAIN STREET WINTER GARDEN FL 34787 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00

WINTER GARDEN FL 34787

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition DELISLE, STEVEN A NAME NAME 232 SOUTH DILLARD STREET STREET ADDRESS 530 SOUTH MAIN STREET STREET ADDRESS CITY-ST-ZIP WINTER GARDEN FL 34787 CITY-ST-ZIP WINTER GARDEN FL 34787 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS _CITY,-ST-ZIP CITY-ST-ZIP . ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY - ST - ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition 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 Block 11 if changed, or on an attachment with an address