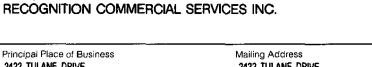
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P99000048182 DOCUMENT

1. Entity Name





04-25-2003 90134 044 ***150.00

2422 TULANE COCOA FL 32 2. Principal P 205	Place of Business CHELIF DOVE		E Exic Donen La			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKI	NG CHANGES	
City & Stat	CANAULAL F	City & State	VAUITAL FI	4. FEI Number 59-3581103	Applied For Not Applicable	
32920	CANAUILAL, F Country Bra-UA	and 32920	Sountry BLEUALS	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
		Current Registered Agent		7. Name and Address of New Registere	d Agent	
	, PETER B ANE DRIVE L 32926	and the letter of the same	Street Address	Street Address (P.Q. Box Number is Not Acceptable) 205 CHELLE		
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, type-of or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees						
10.	OFFICE	ERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NICHOLS, PAUL 2422 TULANE DRIVE COCOA FL 32926	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition 2	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NICHOLS, TERRI 2422 TULANE DRIVE COCOA FL 32926	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NICHOLS, EMMALEE 2422-TULANE DRIVE COCOA FL 32926	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICHOLS, PETER B 2422 TULANE DRIVE COCOA FL 32926	□ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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 Charler 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: P-+275 18 18 18 18 18 18 18 18 18 18 18 18 18						