FILED

Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90478 019 ***150.00

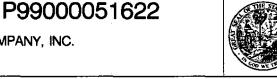
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 1. Entity Name

City & State

SIGNATURE

AMANDA MCNISH & COMPANY, INC.



Principal Place of Business Mailing Address 7033 US HWY, 301 SOUTH 7033 US HWY, 301 SOUTH RIVERVIEW FL 33569 RIVERVIEW FL 33569 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

4 m	

☐ CHECK HERE IF MAKING CHANGES

Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCNISH, AMANDA Street Address (P.O. Box Number is Not Acceptable) 7201 ALAFIA DR RIVERVIEW FL 33569

City & State

City Zip Code

59-3584959

4. FEI Number

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, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Applied For

\$8.75 Additional

Fee Required

Not Applicable

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Change ☐ Addition ☐ Delete MCNISH, AMANDA G NAME NAME STREET ADDRESS 7201 ALAFIA DR. STREET ADDRESS RIVERVIEW FL 33569 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE VD. ☐ Delete MCNISH, BUDD A NAME NAME STREET ADDRESS STREET ADDRESS 7201 ALAFIA DR. CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW FL 33569 VARELY --- -Addition TITLE ☐ Defete TITLE Change NAME NAME MCNISH, AMY M STREET ADDRESS STREET ADDRESS 638-D TALWOOD CIRCLE CITY-ST-ZIP **BRANDON FL 33510** CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE MCNISH, STUART J NAME NAME STREET ADDRESS STREET ADDRESS 7201 ALAFIA DRIVE CITY-ST-7IP CITY-ST-7IP RIVERVIEW FL 33569 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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