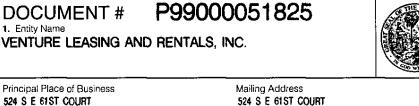
FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90532 013 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #





OCALA FL 34472 OCALA FL 34472														
2. Principal P	Place of Busine	ess	. -	3. Mailing Address						1 90051006 910 10160 10111 00117 001	BBi 1		1661 6111 1561	
Suite, Apt.	#, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & Stat	e			City	& State			4. FEI Number NOT APPLICABLE Applied For Not Applicable						
Zip	ip Country					Count	ry		5. Ce	ertificate of Status Desired	×	\$8.75 Add Fee Required	litional d	
	Iress of Current R	egistere	ed Agent		7. Name and Address of New Registered Agent									
YOUNG, IVAN F							Name ,							
	SIST COURT				Street Address (ddress (P.0	P.O. Box Number is Not Acceptable)					
OCALA FL		٠.	•			ŀ								
OCALA FL	- 34472						City			<u> </u>	FL	Zip Code		
												•		
8. The above the obligat	named entity tions of registe	submits red age	this statement for t nt.	the purp	ose of changing its i	registere	d office or	registered	d agen	nt, or both, in the State of Flo	rida. Lam	familiar with,	and accept	
SIGNATURE .	Signature, typed or	r printed na	me of registered agent an	d title if app	olicable. (NOTE	Registered	Agent signatu	re required wh	en reins	stating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State										Election Campaign Fin Trust Fund Contribution		\$5.0 Added	0 May Be to Fees	
									ADD.	ITIONS/CHANGES TO OFFI	CEDS AND	DIDECTORS	2 (6) 11	
	P OFFICERS AND			INECTO		11.				ITTONS/CHANGES TO OFFI	CENS AND	Change	Addition	
TITLE NAME	P Delete YOUNG, IVAN		NAME						☐ Change	Addition				
STREET ADDRESS	524 SE 61 CT.			STREET ADDR										
CITY-ST-ZIP	OCALA FL 34472				CITY-	CITY-ST-ZIP						}		
TITLE	ST		- -		☐ Delete	TITLE					<u></u>	☐ Change	Addition	
NAME	YOUNG, JE	AN				NAME								
STREET ADDRESS	524 SE 61					STREE	T ADDRESS							
CITY-ST-ZIP	OCALA FL	34472				CITY-	ST-ZIP							
TITLE		•		~±	Delete	~ TITLE	مايود دها			·	100	☐ Change	Addition	
NAME			*			NAME	l.						{	
STREET ADDRESS							T ADDRESS							
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TITLE					☐ Delete	TITLE						☐ Change	Addition	
NAME						NAME	T ADDRESS							
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STREET ADDRESS						STREE	T ADDRESS						ĺ	
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, with all other like empowered.

SIGNATURE: