

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

DOCUMENT # P99000054938



Mailing Address  
5803 PAPAYA DR.  
FT. PIERCE FL 34982

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Zip

Country

4. FEI Number **65-093304-1**

Applied For
Not Applicable

### 5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 Delete

 Delete

 Delete

 Delete

 Delete

 Delete

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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☐ Change      ☐ Addition☐ Change    ☐ Addition☐ Change    ☐ Addition☐ Change    ☐ Addition☐ Change    ☐ Addition☐ 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 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 REQUIRED~~

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (10/02)