FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nam		NESS 00005	REPOR				Seci	1, 2003 retary (-2003 90126 0	of Sta	te
Principal Place of Business 18141 NALLE RD NORTH FORT MYERS FL 33917			Mailing Address 18141 NALLE RD NORTH FORT MYERS FL 33917				14444			
2. Principal Place of Business			3. Mailing Address					<u> </u>	<u>}} </u>	1 10131 DIG1 1001
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Stat	le	City	City & State				4. FEI Number 65-0	933335		pplied For lot Applicable
Zip	Country		Zip Cou		ountry		5. Certificate of Status	Desired	\$8.75 Ad	lditional
- रहा	6. Name and Address of Current Registered Agent			* .'E <u></u> Z.	Name -	7. Name and Address of New Registered Agent				
PENFIELD 18141 NA	-					eet Address (P.O. Box Number is Not Acceptable)				
	ORT MYERS FL 33917									
	, in the second				City			F	Zip Cod	de
After Se Make Check	Signature, typed or printed name of registered ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be k Payable to Florida Department	\$750.00 ent of State		E: Registered A	gent signati		9. Election Can Trust Fund C		\$5.0 Adde	00 May Be
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENFIELD, MARK 739 OVERIVER DRIVE NORTH FORT MYERS FL 3:	AND DIRECTO	Delete	TITLE NAME STREET	address	MARIC 18141	ADDITIONS/CHANGE PENFICIO NAILE RO E NUCRO FI		⊠ Change	RS IN 11
TITLE NAME STREET ADDRESS CITY~ST-ZIP	D RITTER, LELAND G JR 18051 NALLS ROAD NORTH FORT MYERS FL 3		□ Delete	TITLE NAME STREET / CITY-ST	address	,,,,	, <u>, , , , , , , , , , , , , , , , , </u>	· 221·1	Change	☐ Addition
TITLE	DANNENHAUER, MIKE 739 OVERIVER DRIVE NORTH FORT MYERS FL 33917			NAME STREET ADDRESS CITY-ST-ZIP		MIKE 110 I	DANNENH MONTTOSE MYCRI 7	AVER	Change	☐ Addition
TITLE VAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET / CITY-ST	ADDRESS				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A			,		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A	1				☐ Change	☐ Addition
12. I hereby of indicated of the corchanged,	certify that the information supplied on this report or supplemental reporation or the receiver or trustee, or on an attachment with a add	d with this filing port is true and empowered to ress, with all of	does not qualify for accurate and that n exceeds this report of like empowered	the exemp ny signature as required	otion stat e shall ha I by Cha	ed in Section ave the sar pter 607, F	on 119.07(3)(i), Florida ne legal effect as if mad orida Statutes; and tha	Statutes, I further of the under oath; that the my name appear	certify that the I I am an office Is in Block 10 o	information r or director ir Block 11 if

SIGNATURE:

Attachment

4P9900058884

I Apologize For

getting This at last

getting This at last

I did not recieve

The Notice of Any Kind

The Notice of Any Kind

Leland Morrer St.