## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR

## P99000064286 DOCUMENT #

1. Entity Name



**FILED** Mar 05, 2003 8:00 am Secretary of State 03-05-2003 90060 018 \*\*\*150.00

Experiment of the purpose of changing its registered agent of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent of registered agent of registered agent of registered agent.  Signature  FILE NOW!!! FEE IS \$150.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  ITILE  NAME  STREET ADDRESS CITY-ST-2P  TITLE  NAME  SIREET ADDRESS CITY-ST-2P  TITLE  Delete  TITLE  NAME  SIREET ADDRESS CITY-ST-2P  TITLE  DELET DELET DELET CORRESS CITY-ST-2P  TITLE  DELET DELET CORRESS CITY-ST-2P  TITLE  DELET DELET CORRESS CITY-ST-2P  TITLE  DELET CORRESS CITY-ST-2P  TITLE  DELET CORRESS CITY-ST-2P  TITLE  DELET CORRESS CITY-ST-2P  TITLE  TITLE  DELET CORRESS CITY-ST-2P  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  T		
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Fee Requirements of Name and Address of Current Registered Agent  ROBERTS, DAVID C  499 W. RIVERBAY COURT  DUNNELLON FL 34434  City  City  FL  Zip Cot  8. They 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 the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Trust Fund Contribution.  STRIET ADDRESS CITY-ST-2IP  TITLE  NAME  STRIET ADDRESS CITY-ST-2IP  TITLE  Delete  NAME  STRIET ADDRESS CITY-ST-2IP  TITLE  Change	ot Applicable ditional	
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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 the obligations of registered agent.  SIGNATURE    Signature, typend or printed name of registered agent and site if applicable.		
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 the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating)    Part		
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  ITILE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  Change Change STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRE	and accept	
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2. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath, that have an efficient		

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:

352 563 6809