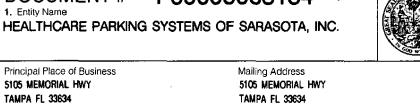
FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90225 034 ***150.00

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

DOCUMENT #

P99000068134



TAMPA FL 33	634		TAMPA FL 33634								
2. Principal Place of Business			3. Ma	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State				City & State			4.	4. FEI Number 59-3590073 Applied Fo			oplied For ot Applicable
Zip Country			Zip	Zip		Country		Certificate of Status Desired		\$8.75 Add	ditional
6Name and Address of Current Registered Agent							7.	Name and Address of New Re	gistered	Agent-	
						Name			•		
MALATIN, MICHAEL D 12106 MARBLEHEAD DRIVE						Street Address (P.O. Box Number is Not Acceptable)					
		DRIVE					·				
tampa fi	L 33626										
	2					City			FL	Zip Cod	e
	e named entity tions of regist		or the purp	pose of changing its	registere	ed office or regis	stered ag	gent, or both, in the State of Florid	da. Iam	familiar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered agen	l and title if app	olicable. (NOTE	: Registered	d Agent signature requ	uired when i	reinstating)	DATE		
Afte	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	of State					Election Campaign Finar Trust Fund Contribution.	ncing [\$5.0 Addec	0 May Be i to Fees
10. OFFICERS AND DIRECTORS 1							ΑΓ	L DDITIONS/CHANGES TO OFFIC	EBS AND	DIRECTOR	S IN 11
TITLE	D			☐ Delete		TITLE		0.11.01.020.10.01.10		☐ Change	Addition
NAME	-	MICHAEL D		E Dointe	NAMI						
STREET ADDRESS CITY-ST-ZIP		rblehead Drive			1	ET ADDRESS -ST- ZIP					
	IVIALY LE	. 33020						·		Chongo	- Addition
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CITY - ST-ZIP	I				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:

CR2E034 (10/02)