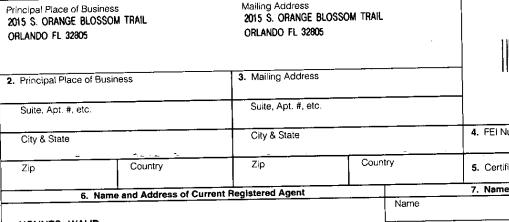
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90219 017 ***158.75

DOCUMENT #	P99000068929	
1. Entity Name 1 ST OBT, INC .		
		S. W.



umber FO OFFICE		Applied For		
59-3590855		Not Applicable		
cate of Status Desired		\$8.75 Additional Fee Required		
and Address of New Re	gistere	d Agent		

	Name
YOUNES, WALID	Street Address (P.O. Box Number is Not Acceptab
2015 S. ORANGE BLOSSOM TRAIL	
ORLANDO FL 32805	
•	City

2015 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32805	City		FL	Zip Code
The above named entity submits this statement for the purpose of changing it the obligations of registered agent.	s registered office or	registered agent, or both, in the State of F	lorida. I am fan	niliar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NO	TE: Registered Agent signat	ure required when reinstating)	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 F Trust Fund Contribut	ion.	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OF		
TITLE D Delete YOUNES, WALID 2015 S. ORANGE BLOSSOM TRAIL	TITLE Name 		ا	☐ Change ☐ Addition

Make Check	Payable to Florida Department of State						- DIDECTOR	10.11
10.	OFFICERS AND DIRECTORS		11.	ADDI	TIONS/CHANGE	S TO OFFICERS AN		
TITLE		Delete	Title Name Street address= ==			والمساوة المناسبات	☐ Change	Addition
CITY-ST-ZIP	ORLANDO FL 32805		CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	time	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	agi tir in naa		a Statutes. I further o	☐ Change	

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: