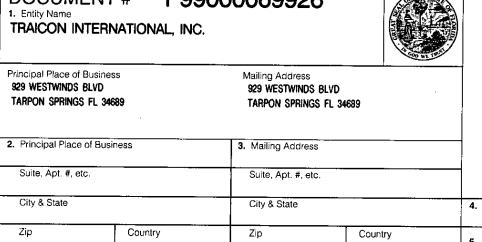
## **FILED** Feb 27, 2003 8:00 am Secretary of State

02-27-2003 90178 041 \*\*\*150.00

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

**DOCUMENT #** 

P99000069926



|--|

2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4.	FEI Number <b>59-3591052</b>		applied For lot Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ac	Iditional	
	6. Name and Address of Current	Registered Agent.	]	7.	Name and Address of New Registered		<del></del>	
ZELLER, CHRISTIAN G.A.			Nam	Name				
-			Stree	t Address (P.O. I	Box Number is Not Acceptable)	****		
929 WESTWINDS BLVD					——————————————————————————————————————			
IARPON	SPRINGS FL 34689							
					F	— 1		
8. The above	named entity submits this statement fo	r the purpose of changing it	s registered office	or registered ag	gent, or both, in the State of Florida. I ar	n familiar with	, and accept	
tne obligat	tions of registered agent.							
SIGNATURE .								
	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered Agent si	nature required when r	einstating) 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 Financing     Trust Fund Contribution.	<b>\$5.0</b> □ Adde	00 May Be d to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ĀĒ	.L DDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11	
TITLE NAME STREET ADORESS CITY-ST-ZIP	D FISCHER, HILDEGARD 929 WESTWINDS BLVD TARPON SPRINGS FL 34689	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	i and i godin (and the control of th	☐ Dêlete ¯	TITLE  NAME  STREET ADDRES  CITY-ST-ZIP	S		☐ Change	Addition	
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE  NAME  STREET ADDRES  CITY-ST-ZIP	S		☐ Change	☐ Addition	
ITLE IAME STREET ADDRESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	S		☐ Change	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·.	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 trusted empowered to execute this proof 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:**