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



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

Principal Place of Business  Total CAND ANTONAL DR  TOTAL CAND ANTONAL DR  SUITE 105 A  ORLANDO FL 20819  2. Principal Place of Business  Suite, Apr. 8, etc.  Suite, Apr. 8, etc	1. Entity Name START LIC	;	J00071358		02-27-2003 90133			**
Suite, Apt. #, etc.  Suite, Address of New Registered Agent  Name  Suite, Address (P.O. Box Number is Not Acceptuable)  Oily  FL. Zio Code  City & Suite, Address (P.O. Box Number is Not Acceptuable)  Oily  FL. Zio Code  City & Suite, Address (P.O. Box Number is Not Acceptuable)  Oily  FL. Zio Code  City & Suite, Address (P.O. Box Number is Not Acceptuable)  Oily  FL. Zio Code  The above named entity submits this statement for the purpose of clearging its registered agent, or both, in the State of Florida. I om familiar with, and accept the complete of the entity of the	7061 GRAND NATIONAL DR. SUITE 105 A ORLANDO FL 32819  2. Principal Place of Business		7061 GRAND NATIONAL DR. SUITE 105 A ORLANDO FL 32819  3. Mailing Address					
City & State    City & State   Country   Zip   Country   St. Curtificate of Status Desired   S8.75 Additional Fee Required   S								
City & State    City & State   Country   Zip   Country   St. Curtificate of Status Desired   S8.75 Additional Fee Required   S								
B. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  ROSA, JOSE  7. Name and Address of New Registered Agent  Name  7. Name and Address of New Registered Agent  Name  7. Name and Address of New Registered Agent  Name  7. Name and Address of New Registered Agent  Name  7. Name and Address of New Registered Agent  Name  7. Name and Address of New Registered Agent  8. Not Part For Not In the State of Fiorita. I am femiliar with, and accept  9. Election Campaign Financing  1. Note For Name Agent Ag	City & State		City & State		4 EEI Number	Ap		
ROSA, JOSE 7061 GRAND NATIONAL DR STE 105A ORLANDO FL 32819  Gity  FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept 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 Elorida Department of State  10.  OFFICERS AND DIRECTORS  ITTLE  PROSA, JOSE  STEET ADDRESS  CITY-ST-2P  TITLE  Delete  ITTLE  Delete  Delete  ITTLE  Delete  ITTLE  Delete	Zip	Country	Zip	Country	5. Certificate of Status Desired			
ROSA, JOSE 7061 GRAND NATIONAL DR STE 105A ORLANDO FL 32819  Gity  FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept 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 Elorida Department of State  10.  OFFICERS AND DIRECTORS  ITTLE  PROSA, JOSE  STEET ADDRESS  CITY-ST-2P  TITLE  Delete  ITTLE  Delete  Delete  ITTLE  Delete  ITTLE  Delete		6 Name and Address of Curr	rent Registered Agent		7. Name and Address of New Register	ed Agent		ĺ
TOGI GRAND NATIONAL OR STE 105A ORLANDO FL 32819  City FL Zip Code  8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. I am familiar with, and accept the deligations of registered agent.  SIGNATURE    Signature, tyeed or privat rame of registered agent and year yeapstable.   (NOTE Registered Agent signature required when reintesting)   DATE				Name				
### City   FL   Zip Code    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, and accept the obligations of registered agent.    SIGNATURE	i ·			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am fermitiar with, and accept the obligations of registered agent.  SIGNATURE  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 IN 11  INTE  MME  SIREET ADDRESS  OTIV-ST-2IP  INTE  Detele  TITLE  MAKE  SIREET ADDRESS  OTIV-ST-2IP  TITLE  MAKE  SIREET ADDRESS  OTIV-ST-2IP  TITLE  MAKE  SIREET ADDRESS  OTIV-ST-2IP  TITLE  Detele  TITLE  MAKE  SIREET ADDRESS  OTIV-ST-2IP  TITLE  MAKE  SIREET ADDRESS  OTIV-ST-2IP  TITLE  MAKE  SIREET ADDRESS  OTIV-ST-2IP  TITLE  MAKE  MAKE  SIREET ADDRESS  OTIV-ST-2IP  TITLE  MAKE  SIREET ADDRESS  OTIV-ST-2IP  TITLE  MAKE  MAKE  SIREET ADDRESS  OTIV-ST-2IP  TITLE  MAKE  SIREET ADDRESS  OTIV-ST-2IP  TITLE  MAKE  SIREET ADDRESS  OTIV-ST-2IP  TITLE  MAKE  SI	1	FL 32819		City		Zip Code	9	
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Make Check Payable to Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITTLE   PROSA, JOSE   TOB 1 GRAND NATIONAL DR #105A   STREET ADDRESS   CITY-ST-ZIP    ITTLE   MAME   STREET ADDRESS   CITY-ST-ZIP    ITTLE   Delete   TITLE   Delete   NAME   STREET ADDRESS    CITY-ST-ZIP   CHANGE   Addition    NAME   STREET ADDRESS   CITY-ST-ZIP    ITTLE   Delete   NAME   STREET ADDRESS    CITY-ST-ZIP   CHANGE   Addition    NAME   Addition    N	the obligati	ons of registered agent.  Signature, typed or printed name of registered  LE NOW!!! FEE IS \$150.00	agent and title if applicable. (NO		9. Election Campaign Financing	ντε \$5.0	<b>0</b> May Be	
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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 life empowered.

CITY-ST-ZIP

CITY-ST-ZIP

REGUINED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR