## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** S02318 DOCUMENT # 1. Entity Name



## FILED Jan 23, 2003 8:00 am Secretary of State 01-23-2003 90068 044 \*\*\*150.00

Principal Place of Business 260 NORTH US 1 ORMOND BEACH FL 32174  2. Principal Place of Business Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Country  Country  5. Certificate of Status Desired SB-75 Additional Fee Required Fee Required Fee Required For DDD, WILLIAM L 250 NORTH US 1 ORMOND BEACH FL 32174  City  Street Address of New Registered Agent  Name  Name  Street Address of New Registered Agent  City  Street Address (P.O. Box Number is Not Acceptable)  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 Fiorids. I am familiar with, and act the both digations of registered agent and the if applicable.  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State  11. Additional Fee Additional Fee Required Fire Fund Contribution.  Added to Fee Address (P.O. Box Number is Not Acceptable)  P. Election Campaign Financing Trust Fund Contribution.  \$50.00 May Added to Fee Address (P.O. Box Number is Not Acceptable)  P. Election Campaign Financing Trust Fund Contribution.  Added to Fee Address (P.O. Box Number is Not Acceptable)  P. Election Campaign Financing Trust Fund Contribution.  Added to Fee Address (P.O. Box Number is Not Acceptable)  P. Election Campaign Financing Trust Fund Contribution.  Added to Fee Address (P.O. Box Number is Not Acceptable)  P. Election Campaign Financing Trust Fund Contribution.  Added to Fee Address (P.O. Box Number is Not Acceptable)  P. Election Campaign Financing Trust Fund Contribution.				
Suite, Apt. #, etc.   Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES    City & State   City & State   4. FE! Number 58-1911635   Not Applied    Zip   Country   Zip   Country   5. Certificate of Status Desired   \$8.75 Additional Fee Required    1. Name and Address of New Registered Agent   7. Name and Address of New Registered Agent    TODD, WILLIAM L   250 NORTH US 1    ORMOND BEACH FL 32174   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 act the obligations of registered agent and title if applicable.   (NOTE Registered Agent signature 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    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.				
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Street Address (P.O. Box Number is Not Acceptable)   Street Address of New Registered Agent	CHECK HERE IF MAKING CHANGES			
5. Certificate of Status Desired   Fee Required   Name   Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)    City   FL				
Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  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 act the obligations of registered agent, typed or three name of registered agent and title if applicable.  (NOTE: Registered Agent signature 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  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. 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 supplied with the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes.				

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 eath; 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:

<del>TE R</del>EQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #