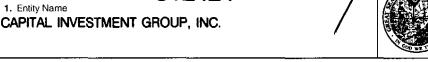
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S12424 DOCUMENT

1. Entity Name



Principal Place of Business 215 EAST CENTRAL BLVD. 2ND FLOOR ORLANDO FE 32801 US

Mailing Address

215 EAST CENTRAL BLVD. 2ND FLOOR ORLANDO EL 3280T

2. Principal Place of Business	3. Mailing Address
1035 S.Sehoran Blud	1035 SIJEHORAN BLUD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 1012	SOME 1012

09-02-2003 90177 018 ***550.00

FILED

Sep 02, 2003 8:00 am Secretary of State



☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3040089 MINTER PARIC Not Applicable WINTER PARK Country \$8.75 Additional 5. Certificate of Status Desired U5A 32792 usa Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name KETTLE, R. TARY Street Address (P.O. Box Number is Not Acceptable)
1035 S. SEHORAN BLVD 215 EAST CENTRAL BLVD. 2ND FLOOR SUITE 1012 ORLANDO FL 32801 WINTER PARK 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition NAMÉ KETTLE, R. TARY NAME 215 EAST CENTRAL BLVD. 2ND FLOOR STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP CITY-ST-ZIP **VPD** ☐ Delete TITLE ☐ Change Addition Addition TITLE NAME CASTELLANO, WILLIAM V NAME STREET ADDRESS 215 EAST CENTRAL BLVD. 2ND FLOOR STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qual indicated on this report or supplemental report is true and accurate and e exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal/effect as if made under oath; that I am an officer or director required by Chapler 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if not qualify indicated on this report or supplemental reof the corporation or the receiver or truste execute this changed, or on an attachment with ar

SIGNATURE:

Daytime Phone #