## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

S33281

1. Entity Name

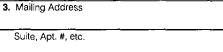


Principal Place of Business 1272 ABBEY CRESCENT LN CLEARWATER FL 33759

Mailing Address 1272 ABBEY CRESCENT LN **CLEARWATER FL 33759** 

2.	Principal Place of Business	

Suite, Apt. #, etc.



## **FILED** Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90161 017 \*\*\*150.00





CHECK	HERE	IF	MAKING	CHANGES

DATE

City & State		City & State	City & State		4. FEI Number 59-3068957 . Applied Not App		
Zip	Country	Zip	Country		5. Certificate of Status Desired		8.75 Additional ee Required
	6. Name and Address of Currer	t Registered Agent		- (#1) - 1:	7. Name and Address of New Re	gistered A	gent
				Manag			

WENDT, ROBERT J 1272 ABBEY CRESCENT LN **CLEARWATER FL 33759** 

Street Address (P.O. B	av Number in Net Age	vontable)	
illeet Addiess (F.O. D	OX NUMBER IS NOT ACC	eptable)	
		-	

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 ac	ccept
	the obligations of registered agent.	

(NOTE: Registered Agent signature required when reinstating)

FILE	NOWIII	FEE IS \$150.00	
		Eng will be SEED OO	

Make Check Payable to Florida Department of State

After May 1, 2003 Fee will be \$550.00

Signature, typed or printed name of registered agent and title if applicable

ı	<ol><li>£lection Campaign Financing</li></ol>
	Trust Fund Contribution

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Delete WENDT, ROBERT J 1272 ABBEY CRESCENT LN CLEARWATER FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Delete WENDT, JEAN 1272 ABBEY CRESCENT LN CLEARWATER FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete*	NAME STREET ADDRESS CITY-S1-ZIP	च्या क्षेत्रक्त रूप क्षा क्षा क्षा क्षा क्षा क्षा क्षा क्षा
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. Thereby 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

SIGNATURE: