## FILED Apr 15, 2003 8:00 am Secretary of State

	MII OIM DOOME	OO ILLI OILI 1	<u> </u>		04-15-2003 90095 037 ***150.00		
1. Entity Nar	IMENT # \$48118 TER, INC.	<i>V</i>			J000110#		
377 CITATIO STE 206 NAPLES, FL	34104 US	Mailing Address 377 CITATION POINT STE 206 NAPLES, FL 34104 US	; 			<b>\</b>	
116	Place of Business IN VER NESS DRIVE	3. Mailing Address P. O. Bo  Suite, Apt. #, etc.	×/86	0		l	
Suite, Apt					CHECK HERE IF MAKING CHANGES	7	
	FTON SC	City & State BLUFFTON			4. FEI Number Applied For Not Applied be Not Applicable	-	
21p				:	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current I	registered Agent			7. Name and Address of New Registered Agent	1	
CARPENTER, ROY R., JR. 13167 VALEWOOD DR NAPLES, FL 34119				Street Address (P.O. Box Number is Not Acceptable)			
			S/	47 ( VAP	CASTELLO DRIVE	}	
8. The above	named entity submits this statement for	the purpose of changing its re			red agent, or both, in the State of Florida. I am familiar with, and accept		
the obligat	Itons of registered agent.  Low L. B. Signature, typed or printed name of registered agent a	out o	SCO Registered Agentsign		. BALDWIN 4/11/03		
After	FILE NOW!II. FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 r Payable to Florida Department o	f State	<u>.</u>	<del>-</del>	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees		
10,	OFFICERS AND (	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	ĺ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARPENTER, ROY R., JR. 377 CITATION POINT NAPLES, FL. 34104	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	116	RPENTER ROY R. JR Trange Addition INVERNESS DRIVE UFFTON SC 2990	CR2E034 (10/02)	
TITLE NAME STREET ADDRESS CITY-ST-ZP	·	C Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	CR2	
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS COY-ST-2IP		☐ Change ☐ Addition		
TITLE Name Street address City-St-ZP		□ Delete	TITLE NAME STREET ADDRESS COY-ST-ZIP		☐ Change ☐ Addition		
TITLE Name Street address City-st-2p		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE Name Street address City-St-Zip		Defete	TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Change ☐ Addition		
12. I hereby c	ertify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empoy	his filing does not qualify for the rue and accurate and that my severed to execute this report as	e exemption sta	ited in Sec nave the sa apter 607,	ction 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director, Florida Statutes; and that my name appears in Block 10 or Block 11 if		

2003 FOR PROFIT CORPORATION