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

DOCUMENT#

2. Principal Place of Business

TORRENCE, ALFRED

the obligations of registered agent.

6645 RIDGE RD PORT RICHEY FL 34668

SIGNATURE

10.

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

CITY-ST-ZIP

CITY-ST-ZIP

Suite, Apt. #, etc.

City & State

Zip

S95826

Country

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

THE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

RESMONDO, GARY W

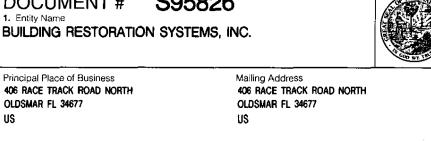
406 RACETRACK RD N

OLDSMAR FL 34677

Make Cherik Payable to Florida Department of State

6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS



3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

Country

11.

☐ Delete

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TITLE

NAME

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NAME STREET ADDRESS

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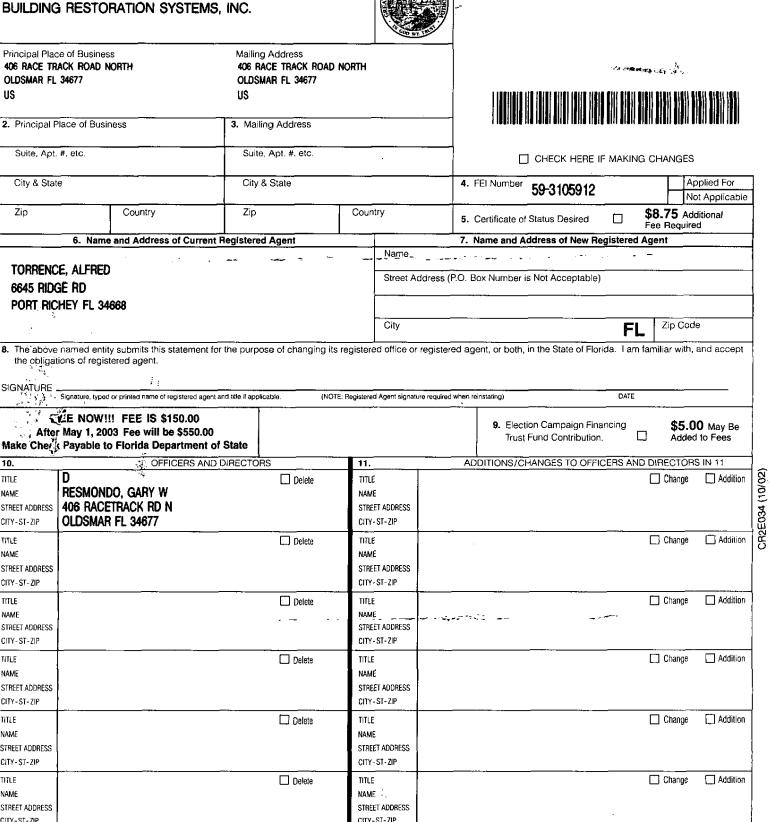
STREET ADDRESS

CITY-ST-ZIP

City

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

01-27-2003 90327 028 ***150.00



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 like empowered

CITY-ST-ZIP