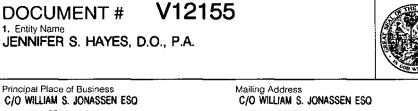
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR



FILED

05-08-2003 90159 005 ***150.00

| C/O WILLIAM S. JONASSEN ESQ 10785 ULMERTON ROAD LARGO FL 33778 US | | | C/O WILLIAM S. JONASSEN ESO 10785 ULMERTON ROAD LARGO FL 33778 US | | | | | | | | |
|--|---|---|--|---------------------|-------------------------------------|----------------------------------|---------------|---|-----------------------------------|------------------------------|--|
| 2. Principal F | Place of Busin | ness | 3. Mailing Address | | | | | | | 81811 5 1311 1881 | |
| Suite, Apt. | . #, etc. | | Suite, Apt. #, etc. | | | | | ☐ CHECK HERE IF MAKING CHANGES | | | |
| City & Stat | te | · · · · · · · · · · · · · · · · · · · | City & State | | | | 4. 1 | FEI Number 59-3109084 | | pplied For lot Applicable | |
| Zip Country | | | Zip Count | | | 5. Certificate of Status Desired | | | \$8.75 Additional Fee Required | | |
| | 6. Name | and Address of Current | Registered A | d Agent | | | 7. 1 | 7. Name and Address of New Registered Agent | | | |
| | | _ | | · · · · · · | | Name | | | | | |
| | en, Willian Merton R | | | Street Address (P.C | | | ss (P.O. B | . Box Number is Not Acceptable) | | | |
| LARGO FL 33778 | | | | | | | | | | | |
| | - | | | | | City | | FL | Zip Cod | de | |
| | named entit tions of regist | | r the purpose | of changing its | registere | d office or regis | stered ag | ent, or both, in the State of Florida. I am far | niliar with, | , and accept | |
| SIGNATURE | Signature, typed | or printed name of registered agent a | and title if applicab | le. (NOTE | Registered | Agent signature requ | uired when re | oinstating) DATE | | | |
| Afre | r May 1, 200 | ! FEE IS \$150.00)3 Fee will be \$550.00 o Florida Department of | State | State | | | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | |
| 10. | OFFICERS AND D | | | DIRECTORS 11. | | | AD | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HAYES, JENNIFER S. 7601 SEMINOLE BOULEVARD SEMINOLE FL 33772 | | | ☐ Delete | | T ADDRESS ST-ZIP | | Ţ | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | · | | Delete Delete | TITLE NAME STREE CITY-S | T ADDRESS GT-ZIP | | , [| Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | Delete | TITLE NAME STREET | r address ST-ZIP | | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | - | ☐ Delete | TITLE NAME STREET CITY-S | TADDRESS ST-ZIP | | [| Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | TITLE NAME STREET CITY - S | T ADDRESS | <u>-</u> | | Change | Addition | |
| TITLE | | | | ☐ Delete | TITLE | | | | Change | Addition | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stared 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 and likely 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 fequired 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.

STREET ADDRESS

SIGNATURE: JEWIREL S

STREET ADDRESS

CITY-ST-ZIP