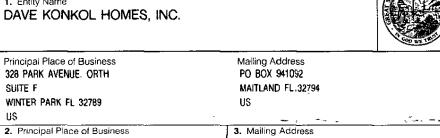
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

V17781

1. Entity Name

DOCUMENT #



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90139 014 ***150.00

				GOD WE	3				
Principal Place of Business 328 PARK AVENUE. ORTH SUITE F WINTER PARK FL 32789 US		PO B	Mailing Address PO BOX 941092 MAITLAND FL.32794 US			22000285			
2. Principal Place of Business		3. Mai	3. Mailing Address			TO A DICTED DICTUOL CLOSELY LUDBY CARBON FORTULE ALONG DICTURE	BIOIR BI GIA OTOIR G	EBER BERTH 1884	
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City	City & State			4. FEI Number 59-3109195	⊢—— `	oplied For ot Applicable	
Zip	Country	Zip	··· <u>-</u>	Country		5. Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of (Current Registere	d Agent	<u> </u>		7. Name and Address of New Registered	l Agent		
				Name					
Konkol, David A. 328 Park Avenue, North				Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
SUITE F	•								
WINTER PARK FL 32789				City		FI	Zip Cod	e	
	amed entity submits this state is of registered agent.	ement for the purp	ose of changing its	registered office or r	egistered	agent, or both, in the State of Florida. I an	n familiar with,	and accept	
SIGNATURE	nature, typed or printed name of registe	ered agent and title if app	licable. (NOTE	E: Registered Agent signatur	required who	en reinstating) DATE			
	NOW!!! FEE 10 6450		<u> </u>						
After M	- NOW!!!-EEE-IS-\$150 lay 1, 2003 Fee will be \$5 ayable to Florida Departi	50.00			-	9. Election Campaign Financing Trust Fund Contribution.		May Bê d to Fees	
10.	<u> </u>	RS AND DIRECTO	RS	11,		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	S IN 11	
TITLE P		<u> </u>	☐ Delete	TITLE			☐ Change	Addition	
	ONKOL, DAVID A			NAME			3-	_	
STREET ADDRESS 328 PARK AVENUE NORTH, SUIT				STREET ADDRESS					
CITY-ST-ZIP	/INTER PARK FL			CITY-ST-ZIP			_		
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NAME			- *-*-*	NAME	•		·	1	
STREET ADDRESS				STREET ADDRESS				}	
CITY-ST-ZIP				CITY-ST-ZIP					
12 hereby cor	ify that the information cupo	lind with this filing	dogo pot avalify for	the exemption state	d in Soction	on 110 07/3Vi). Elecido Statutos I further or	artifus that the is	eformation	

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.

SIGNATURE: