2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

WINTER PARK FL 32789

1850 LEE RD

SUITE #326

V37541 DOCUMENT

1. Entity Name

1850 LEE RD

#326

Principal Place of Business

WINTER PARK FL 32789

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

2. Principal Place of Business

PEKOE, REED, WRIGHT & ASSOCIATES, INC.

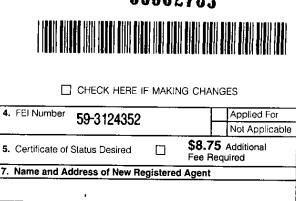
Country



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90259 017 ***150.00

90002783



o. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent			
PEKOE, RON	Name			
1850 LEE RD	Street Address (P.O. Box Number is Not Acceptable)			
SUITE 326 WINTER PARK FL 32789				
	City	FL Zip Code		
The above named entity submits his placement of the purpose of changing its right the obligations of registered agents.	egistered office or registered agent, or both, in	the State of Florida. I am familiar with, and accep		

Country

yped or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

Make Check Payable to Florida Department of State			Trust Fund Contribution.		d to Fees	
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
STREET ADDRESS CITY-ST-ZIP	PD PEKOE, RON 2084 E. ATMORE CR. DELTONA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	DELTONA FL VD REED, LINDA 1344 OLYMPIA LAKE CR. OCOEE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	STD WRIGHT, MARY K 1991 ST. ANDREWS PL. LONGWOOD FL 32779	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
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 ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition

12. I hereby certify that the information supplied with this filling 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 enter like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Daytime Phone #