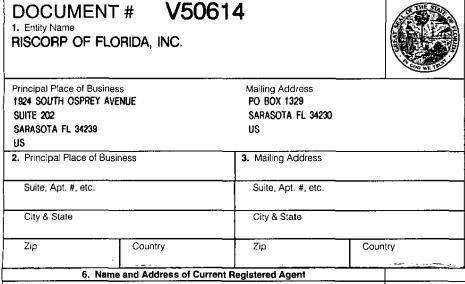
## **FILED**

Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90492 039 \*\*\*150.00

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



☐ CHECK HERE IF MAKING CHANGES							
4. FEI Number 65-0343944	Applied For						
00 0040844	Not Applicable						
5. Certificate of Status Desired S8.75 Additional Fee Required							

DATE

VALICHAN DIDOM I MODMANI	Name		
VAUGHAN-BIRCH, L. NORMAN 720 S. ORANGE AVE. SARASOTA FL 34236	Street Address (P.O. Box Number is Not Acceptable)		
	City	FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its	registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept	

the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Chack Payable to Florida Department of State

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

SIGNATURE .

9. Election Campaign Financing Trust Fund Contribution.

7. Name and Address of New Registered Agent

\$5.00 May Be Added to Fees

1110110 01100	arabic to rionad population of otato					
10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRIFFIN, WILLIAM D 1924 SOUTH OSPREY AVENUE, SUITE 20 SARASOTA FL 34239	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST SALSER, RANDAL D 1924 S OSPREY AVE SUITE 202 SARASOTA FL 34239	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP -	and the second s	Change	Addition
TITLE 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 CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY ST. 7IP		Change	Addition

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.