## **FILED**

04-28-2003 90969 029 \*\*\*150.00

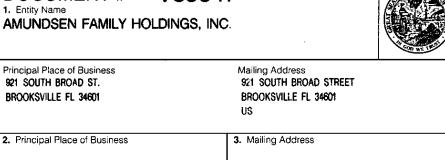
## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## V69047 DOCUMENT #

Suite, Apt. #, etc.

City & State

Zip



Suite, Apt. #, etc.

City & State

Zip

☐ CHECK HERE II	F MAKIN	NG CHAI	NG	ES
4. FEI Number 59-3152059	FEI Number FQ-21F20FQ			Applied For
39 3 132039				Not Applicable
5. Certificate of Status Desired		<b>\$8.7</b> Fee R		Additional uired
7. Name and Address of New Re	gistere	d Agent		
2. Box Number is Not Acceptable)				·

Amundsen, Henry D. 921 South Broad St.	Street Address (P.O. Box Number is Not Acceptable)				
BROOKSVILLE FL 34601					
	City	FL	Zip Code		
A The above named entity submits this statement for the nursose of changing its register	ed office or registered agent, or both, in the State of Flor	ida. Lam far	miliar with, and accep		

Name

Country

		Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
SIC	GNATURE .	·	·		_
	the obligat	ions of registered agent.			
8.	The above	named entity submits this statement for the purpose of changing	ng its registered office or registered agent, or both, in the S	State of Florida. I am familiar with, and aci	cept

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

Country

6. Name and Address of Current Registered Agent

9.	Election Campaign Financing
	Trust Fund Contribution.

\$5.00	May Be
Added to	

Make Check	c Payable to Florida Department of State						
10. OFFICERS AND DIRECTORS		11.	ADI	DITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMUNDSEN, HENRY D. 5286 DE;TPMA B;VD SPRING HILL FL 34606	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AMUNDSEN, CAROLE L. 5286 DELTONA BLVD SPRING HILL FL 34606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- militar militar militar de maria de m	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u></u>	e de la company de la comp	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

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 other like empowered.

**SIGNATURE:** 

Date

Daytime Phone #