## 2003 FOR PROFIT CORPORATION

## May 05, 2003 8:00 am UNIFORM BUSINESS REPORT (UBB) Secretary of State 142098 DOCUMENT # 05-05-2003 91162 040 \*\*\*150.00 1. Entity Name SOUTH END IMPROVEMENT GROUP, INC. Principal Place of Business Mailing Address 16447 SE FEDERAL HWY 1001 N US HWY ONE STET CHANGE HODE SOUND FL 33455 STE 306 H8-JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-0579617 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BULLEN, GEORGE H Street Address (P.O. Box Number is Not Acceptable) 414 SOUTH BEACH ROAD **HOBE SOUND FL 33455** City Zip Code 8. The above named entity subgets 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 regis SIGNATURE, Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Addition Delete TITLE ☐ Change BULLEN, GEORGE H EMBORE, WILLIAM H. NAME NAME 414 SOUTH BEACH ROAD 426 3. BE ACH RD STREET ADDRESS STREET ADDRESS **HOBE SOUND FL 33455** HOBE SOUND FL 33455 CITY-ST-ZIP CITY-ST-2IP TITLE Delete TITLE ☐ Change **Addition** WICK, MRS MYRON A. STROH, PETER W NAME NAME 444 SOUTH BEACH RD **26 WAVERLY LANE** STREET ADDRESS STREET ADDRESS **GROSSE POINTE MI 48236** HOBE SOUND CITY-ST-ZIP CITY-ST-ZIP TITLE" Delete TITLE D □ Change Addition EDWALD M. DAVIES MATHESON, WILLIAM L NAME NAME 430 SOUTH BEACH ROAD 432 SOUTH BEACH RD STREET ADDRESS STREET ADDRESS HOBE SOUND FL CITY-ST-ZIP CITY-ST-ZIP 33455 TD TITLE Delete TITLE ☐ Change ☐ Addition CATHCART, SILAS S NAME 400 SOUTH BEACH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOBE SOUND FL 33455 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition ROOK, ALICIA NAME NAME 106 BEAUMONT LANE STREET ADDRESS STREET ADDRESS PALM BCH GRDNS FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ 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 a address, with all other like empowered

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 2

FIELD, MARSHALL

CHICAGO IL

225 W WACKER DR STE 1500

NAME

STREET ADDRESS

CITY-ST-ZIP

SEURGE H BULLEN 4/25/03 (SI)546-9953

**FILED**