2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714113



FILED Feb 28, 2003 8:00 am Secretary of State

| LAKESID | DE POINT / | 02-28-2003 90170 014 ****61.25 | | | | | | | | | |
|--|-------------------------------------|--|--|-------------|---------------|------------------|---------------------------------------|------------------|-------------|--------------------------|-----------------------------|
| Principal Place of Business SEACREST 3700 GEORGIA AVE WEST PALM BEACH FL 33405 | | | Mailing Address % SEACREST 3700 GEORGIA AVE WEST PALM BEACH FL 33405 | | | | , . | | | | |
| _ | Place of Busin | ess | 3. Mailing Address Clo Seacrest Suite, Apt. #, etc. Atoo Centre Back west Dr#175 City & State West B. Im Beach, F1 | | | | CHECK HERE IF MAKING CHANGES | | | | |
| Suite, Ap | it. #, etc. Centrepai | k Or.West #175 | | | | ¥175 | | | | | |
| | Balme | rack AT | | | | | 4. FEI Number 59-1317005 Applied | | | | pplied For ot Applicable |
| 334 | | Country | 33409 | US | untry A | | 5. Certificate of S | tatus Desired | | \$8.75 Ad Fee Require | lditional |
| | 6. Name | and Address of Current R | egistered Agent | | | | 7. Name and Add | iress of New R | egistered | Agent | |
| | | | | ~ | Name | ٠ . ا د | te On | | | | |
| WILLIAM | A L. MCCLOS | SKEY MGMT. INC. | | | | | EE POUVE | | | | |
| 3700 GEORGIA AVE | | | | | Street | Address (P. | O. Box Number is I | Not Acceptable | ** | | |
| WEST P | ALM BCH. F | L 33405 | | | A 100 | /CM 11 | chart mes | - 21100 | ** 1 / 2 | <u>"</u> | |
| ****** | , Lan 5011. 1 | L 30 100 | | | | | | | | | |
| | | | | | City Wts | + 80 | Im Brace | | FL | Zip Cod | UNG |
| 8. The above | e named entity ations of registe | submits this statement for | e purpose of changing its | registere | ed office o | or registered | d agent, or both, in | the State of Flo | rida. I am | familiar with, | and accept |
| wie ebilge | 21.01.00 | | | | | | | | | | |
| | (1 W) | NOW W | | | | | | | | | |
| SIGNATURE | Signature, typed | | | | | | | | 1-10 | -03 | |
| | Signature, typed t | or printed harrier of earstered agent an | d title if applicable. (NOTE | : Registere | d Agent signa | ture required wh | nen reinstating) | | DATE | | |
| | | 1/ | | | - | - | | | | | |
| FILE NOW: FEE IS \$61.25 | | | 9. Election Cam | inancing | 9 | 5.00 May Be | Make Check Payable to | | | | |
| | | 1 JE 13 901.23 | Trust Fund Co | | | | dded to Fees | | | tment of | |
| | - | | | | | | | | | | - 100 |
| 10. | | OFFICERS AND DIRE | CTORS | 11. | | AD | DITIONS/CHANG | ES TO OFFICER | RS AND DI | RECTORS IN | 1 10 |
| TITLE | PD | | ☐ Delete | TITLE | | D | · · · · · · · · · · · · · · · · · · · | | | ☐ Change | Addition |
| NAME | | Lennart 💣 | | NAME | Ę | | VAINION | | | | |
| STREET ADDRESS | 2381 SUN | SET AVE 215 | | STRE | ET ADDRESS | 2381 | SUNSET | AVE # | 205 | | |
| CITY-ST-ZIP | LAKE WOF | RTH FL 33461 | | CITY- | -ST-ZIP | LAKE | WORTH F | 1 3346 | / | | |
| TITLE | DVP | | ☐ Delete | TITLE | | | | | -, | ☐ Change | Addition |
| NAME | DAWSON, | LEONARD D | _ Dointe | NAME | | | | | | L Change | ☐ Adoleon |
| STREET ADDRESS | | SET AVE, #501B | | | Et address | | | | | | |
| CITY-ST-ZIP | LAKE WOF | | | | ST-ZIP | | | | | | |
| TITLE | D | | - Delète | TITLE | | 25 | | - : | | | |
| NAME | MANNER. | MARGARET | U Delete | NAME | | | | | | Change | Addition |
| STREET ADDRESS | | SET AVE #501A | | | T ADDRESS | | | | | | |
| CITY-ST-ZIP | | ITH FL 33461 | | | ST-ZIP | | | | | | |
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| STREET ADDRESS | | SET AVE #201 | | NAME | | | | | | | |
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| | D D | IIII FL 33401 | | | ST-ZIP | | | | | | , . |
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| NAME | KAISER, RA | | | NAME | | | | | | | |
| STREET ADDRESS | | SET AVE 111 | • | | T ADDRESS | | | | | | |
| CITY-ST-ZIP | _ | TH FL 33461 | | CITY- | ST-ZIP | | | | | | |
| TITLE | D | . | Delete | TITLE | | ·· · | | | | ☐ Change | ☐ Addition |
| VAME | Bereza, Li | EU | ~ | NAME | | | | | | | |

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 617, 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

2381 SUNSET #312

LAKE WORTH FL 33461

STREET ADDRESS

CITY-ST-ZIP

561-582-0747