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

## **DOCUMENT #**

F01000002205

1. Entity Name



## **FILED** Feb 13, 2003 8:00 am Secretary of State 02-13-2003 90216 047 \*\*\*150.00

| City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Country  5. Certificate of Status Desired  Fee Required  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  707 SHADOW BAY WAY  OSPREY FL 34229   | ed For pplicable |
|--|------------------|
| 2. Principal Place of Business  Suite. Apt. #_eto  Suite. Apt. #_eto  City & State  City & State  City & State  Country  Zip  Country  Country  5. Certificate of Status Desired Fee Required  6. Name and Address of Current Registered Agent  Name  BITER, JESSE 707 SHADOW BAY WAY  OSPREY FL 34229   | ed For pplicable |
| City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  5. Certificate of Status Desired  Fee Required  Name  Name  Street Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  To Shadow Bay Way  OSPREY FL 34229   | pplicable        |
| City & State  Country  5. Certificate of Status Desired Fee Required  Fee Required  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)   | pplicable        |
| 5. Certificate of Status Desired Fee Required  6. Name and Address of Current Registered Agent  Name  BITER, JESSE  707 SHADOW BAY WAY  OSPREY FL 34229  | nal              |
| BITER, JESSE Street Address (P.O. Box Number is Not Acceptable)  707 SHADOW BAY WAY  OSPREY FL 34229   |                  |
| BITER, JESSE Street Address (P.O. Box Number is Not Acceptable)  707 SHADOW BAY WAY  OSPREY FL 34229   |                  |
| 707 SHADOW BAY WAY OSPREY FL 34229   |                  |
| OSPREY FL 34229  |                  |
|  |                  |
| City FL /  |                  |
| 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 the obligations of registered agent.   | d accept         |
| SIGNATURE Signature, typed or syntacharms of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |                  |
| 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.  |                  |
| Make Check Payable to Florida Department of State  | N 11             |
| 10. OFFICERS AND DIRECTORS   | Addition         |
| TITLE PCD  |                  |
| NAME BITER, JESSE STREET ADDRESS 707 SHADOW BAY WAY  |                  |
| CITY-ST-ZIP OCCOPETY CI. 24220   |                  |
| TITLE Delete TITLE Change  | ☐ Addition       |
| NAME NAME  |                  |
| STREET ADDRESS  CITY-ST-ZIP  |                  |
| CITY-SI-ZIP Change   | Addition         |
| TITLE CALL Delete NAME   |                  |
| STREET ADDRESS STREET ADDRESS  | }                |
| CITY-ST-ZIP CITY-ST-ZIP  |                  |
| TITLE LI Deliste   | Addition !       |
| NAME NAME -STREET-ADDRESS  | ļ                |
| STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP   |                  |
| □ Delete TIME □ Change   | Addition         |
| TITLE NAME   |                  |
| STREET ADDRESS STREET ADDRESS  |                  |
| CITY-ST-ZIP CHAnge   | Addition         |
| TITLE  |                  |
| NAME STREET ADDRESS  |                  |
| STREET AUDITIONS   |                  |
| 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer of the exemption stated in |                  |

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