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

## DOCLIMENT #



## FILED Mar 24, 2003 8:00 am Secretary of State

Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   City   St. Conflicted of States Desired   S8.7.5 According to the Confliction of States   S8.7.5 According to the City   St. Conflicted of States   S8.7.5 According to the City   St. Conflicted of States   S8.7.5 According to the City   St. Conflicted of States   City   St. Conflicted   City   City   St. Conflicted   City   City   St. Conflicted   City	1. Entity Na	ONENT :		00					03-24-2003	_			
Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   City   St. Conflicted of States Desired   S8.7.5 According to the Confliction of States   S8.7.5 According to the City   St. Conflicted of States   S8.7.5 According to the City   St. Conflicted of States   S8.7.5 According to the City   St. Conflicted of States   City   St. Conflicted   City   City   St. Conflicted   City   City   St. Conflicted   City	C/O C T CORPORATION SYSTEM 1501 RAILHEAD BLVD. NAPLES FL 34110-434 US 2. Principal Place of Business			C/O ( 1501 I Naple	C/O Č T CORPORATION SYSTEM 1501 RAILHEAD BLVD. NAPLES FL 33963 US				☐ CHECK HERE IF MAKING CHANGES				
City & State  Country  City  FL  City  City  City  FL  City				3. Maili									
Zip Country Zip Country Signature and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Signature Agent				Suite, Apt. #, etc.				<del></del>					
S. Certificate of Status Desired   \$8.75 Aut   \$8.75 A	City & State			City & State			4. FEI	Number <b>36-365777</b>	4	<b>—</b>	Applied For	]	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  **CITY OF CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  **CITY OF CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  **CITY OF CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  **CITY OF CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  **CITY OF CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  **CITY OF CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  **CITY OF CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  **CITY OF CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  **CITY OF CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  **CITY OF CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  **CITY OF CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  **CITY OF CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  **CITY OF CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  **CITY OF CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  **CITY OF CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  **CITY OF CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  **CITY OF CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  **CITY OF CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  **CITY OF CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  **CITY OF CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  **CITY OF CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  **CITY OF CORPORATION FL 32424  **CITY OF CORPORATION FL 32424  **CITY OF CORPORATION FL 32424  **CITY OF CORPORATI	Zip Country		Zip	Zip Cour		ntry	5. Cert	tificate of Status Desired		\$8.75 A	dditional	1	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  City  City  FL  Zip Code  Corp City  Corp		6. Name a	nd Address of Current	Registered	l Agent			7. Nam	ne and Address of New	Registered	•		┨
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)							Name	······· ,			-		1
PLANTATION FL 33324  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, it to obligations of registered agent.  SIGNATURE    Signature typed or printed name of registered agent and title if applicable.   CNOTE, Registered Agent signature recursed when retrusting)   DATE									<u> </u>	1. \			1
B., 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 a chooligations of registered agent.  SIGNATURE    Signature   Signature   Signature   Signature in the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with a chooligations of registered agent ag	1200 S.	PINE ISLAND	ROAD				Sireet Address	s (P.O. Box I	Number is Not Acceptab	le)			
B., The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, a the colligations of registered agent.  SIGNATURE    Suprison	PLANTA	TION FL 33324	<b>,</b>									1	┪
B., The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, a the colligations of registered agent.  SIGNATURE    Suprison	÷						Ciny					<del></del>	_
SIGNATURE    Signature   Street adjustment   Street adjustment   Street   S											<b>-</b> !		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridal Department of State  10.	the obliga	ve named entity s ations of register	ubmits this statement fo ed agent:	or the purpo	se of changing its i	registere	ed office or regist	tered agent,	or both, in the State of F	lorida. I am	familiar with	n, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State  10.	SIGNATURE	Signature, typed or p	printed name of registered agent	and title if applic	able: (NOTE:	: Registere	d Agent signature requi	red when reinstat	ting)	DATE		<del></del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 34108 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 34108 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS ST	Afte	er May 1, 2003	Fee will be \$550.00	f State		-						00 May Be	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADRESS STREET ADDRESS STREET A	10.		OFFICERS AND	DIRECTOR	S	11.		ADDIT	IONS/CHANGES TO DE	FICERS AND	DIBECTO	RS IN: 11	-
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CITY-ST-ZIP CITY-ST-ZIP	CHY-ST-ZIP						T ADDRESS						

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.

SIGNATURE: