2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

139627

DOCUMENT #

Jun 02, 2003 8:00 am Secretary of State 05-01-2003 90776 016 ***150.00

1. Entity Nar DORAL II									
0::12:	and No. No.	A A A A A A A A A A A A A A A A A A A		1	EE .	55043	6110		
Principal Place of Business Mailing Address P.O. BOX 14258 2430 ESTANCIA BLVD						—			
CLEARWATER FL 33766 STE 108							i		
US CLEARWAT			Water FL 34621			A CARACALA DUA RICER TALLA CRISCA (FRA REGIA RECIA	tili siani arah	BROW DOWN HAVE	
Ĺ		US					Filonii filo	EURY BYON 1841	
2. Principal Place of Business 3. Mailing Address					_	r sånirart sos likta täka sillä ställ losi Bidzi Si	 	ditin dien 1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING	CHANGES	; ;	
City & Sta	te	City & State			4.	FEI Number 13-1825730	Number 13-1825730 Applied For Not Applicable		
Zip	Country	Zip Cour		ntry	5.	5. Certificate of Status Desired 58.7		75 Additional	
	6. Name and Address of Current	Registered Agent		T	7.	Name and Address of New Registered A		-	
·- ·- ·- ·			Name				41.0		
SCHAFER, WALTER L., JR. 2430 ESTANCIA BOULEVARD				Street Add	Street Address (P.O. Box Number is Not Acceptable)				
SUITE 108									
CLEARWATER FL 34621			··· ·	City		FL	Zip Cod	de	
9 The cheue	named entity cubmits this statement for	the number of changing	ita rapiatar	od office or re	nieterad a				
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 accept the obligations of registered agent.									
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (F	VOTE; Registere	d Agent signature	required when	reinstating) DATE)	
	ILE MONITULEEE IN CASO OO								
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			_	<u></u>		9. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
10.	OFFICERS AND I	DIRECTORS	11.		Al	DOITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE	OVPS	☐ Delete	TITL	E			Change	MODITION S	
HAME	CHATANI, NARI C.			NAME R.		" CHATANI , DIRUT	~ 15c		
_STREET ADDRESS:	:: 5233 .ENCLANE.DR		-	ET ADDRESS		Change Ch			
CITY-ST-ZIP	 			-SY-ZIP		0185~~ FL 34677			
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STREET ADDRESS	5233 ENCLANE DR.		4	STREET ADDRESS				ľ	
CITY-ST-ZIP	OLDSMAR FL 34877		CITY	CITY-ST-ZIP				İ	
TITLE	D	Delete	TITLE			 	☐ Change	☐ Addition	
STREET ADDRESS	CHATANI, ANUP.C.	المستداد السحد		·]	·	·	-	· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP	5233 ENCLANE DR. OLDSMAR FL 34677			ET ADORESS -ST-ZIP					
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CITY-ST-ZIP	OLDSMAR FL 34677		CITY	- ST - ZIP]	
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STREET ADDRESS				ET ADORESS.		•		{	
CITY-ST-ZIP	,			-ST-ZIP]	
12. I hereby o	certify that the information supplied with	his filing does not qualify	for the exer	mption stated	in Section	119.07(3)(i), Florida Statutes. I further certiflegal effect as if made under oath; that I am	y that the is	nformation	
indicated of the cor	on this report or supplemental report is to poration or the receiver or trustee empoy	rue and accurate and tha vered to execute this repo	it my signat ort as requir	ure shall have red by Chapte	the same r 607, Flori	legal effect as if made under oath; that I an ida Statutes; and that my name appears in	an officer	or director Block 11 if	

4/28/03