## 2003 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 14, 2003 8:00 am Secretary of State DOCUMENT # P00000085480 03-14-2003 90058 017 \*\*\*150.00 1. Entity Name Fitzwaterhouse Holdings Inc Principal Place of Business Mailing Address 101 Coral Way E #5 42 War Trophy Ln Indialantic, FL Media, PA 32903 19063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3668286 Not Applicable Zip Country Zip Country Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ramsey Koumjian 🚉 101 Coral Way E #5 Street Address (P.O. Box Number is Not Acceptable) Indialantic, FL 32903 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its FILE NOWII! FEE IS \$150.00 Intangible Tax filing requirement and elects 10. Election Campaign Financing \$5:00 May Be After MAY 1, 2003 Fee will be \$550.00 to do so. (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees OFFICERS AND DIRECTORS 11. 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete Ramsey Koumiian NAME 101 Coral Way E #5 STREET ADDRESS STREET ADDRESS Indialantic, FL 32903 CITY - ST - ZIF CITY - ST. - ZIP TD Delete TITLE TITLE Change Addition Edward Zielinski NAME NAME 42 War Trophy Ln STREET ADDRESS STREET ADDRESS Media, PA 19063 CITY - ST - ZIP CITY - ST - ZIP TITLE Delete TITI F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS CITY - ST - ZIP TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP TITLE TITLE Change Addition NAME NAME CITY+ST-ZIP 13. 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 12 if changed, or or an attachment with an address, with all other like empowered.

Ramsey Koumjian, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/2003

Date

610-566-1587

Daytime Phone #

**FILED**