2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

	F	ILEI)	
Apr	02.	2003	8:00	am
			f Stat	

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DOCUMENT # P02000066354 1. Entity Name LADIES AND SENIORS GOLF WORLD, INC.					03-17-2003 90686 028 ***150.00				
Principal Place of Business Mailing Address 3374 MISTY POND CT 3374 MISTY POND CT TARPON SPRINGS FL 34688 TARPON SPRINGS FL 34688			688						
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address			T (DATALDA 119 UBALO 1101) COLIA DOLLI DORA ODILO BANG BINGG 1100 CIBIS GIFF, NOBE			
Suite, Apt. #, etc.		Suite, Apt, #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 03-047/096		pplied For lot Applicable		
Zip	Country Zip		Count	S. Certificate of Status Desired		S8.75 Ad Fee Require	\$8.75 Additional Fee Required		
	6. Name and Address of	Current Registered Agent			7. Name and Address of New Re	gistered Agent			
SPIEGEI	& UTRERA, P.A.		الخننشيد	Name SARA	H H. ROMAN	H H: ROMANELL			
	22 ST, 4 FLR		Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL	•								
				City TARA	N SPRINGS	FL Zip 3%	1688		
8. The above	named entity submits this stations of registered agent.	ement for the purpose of changing its	registere	ed office or register	ed agent, or both, in the State of Florid	da. I am familiar with,	and accept		
عمير	Touch Ko	mariell - Pro	_	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 Hand	, , , , , , , , , , , , , , , , , , , ,	-0.3		
SIGNATURE	Signature, typed or printed name of regis	tared agent and title if applicable. (NOTE	: Registered	1 Agent signature required	when rejristating)	DATE	ا ده		
F	ILE NOW!!! FEE IS \$150	0.00			9. Election Campaign Finar	oino PE (20		
	r May 1, 2003 Fee will be \$ c Payable to Florida Depar				Trust Fund Contribution.		May Be do fees		
10.		RS AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFIC				
NAME STREET ADDRESS CITY-ST-ZIP	DPST ROMANELL, SARAH A 3374 MISTY POND CT TARPON SPRINGS FL 34	Delete			:	☐ Change	Addition 8		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delets		· 1		☐ Change	Addition		
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP			- STREE	T ADORESS ST-ZIP		- •			
TITLE NAME		☐ Delete	TITLE NAME	l l		☐ Change	Addition		
STREET ADDRESS				T ADDRESS			ł		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		CITY-	ST-ZIP					
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NAME			NAME	1		- analyo			
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	T ADDRESS . ST-ZIP					
12. I hereby c indicated	ertify that the information suppon this report or supplemental	elled with this filing does not qualify for report is true and accurate and that m	the exem	nption stated in Secure shall have the state	ction 119.07(3)(i), Florida Statutes. I fu ame legal effect as if made under oat!	rther certify that the in	nformation or director		

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 in changed, or on an attachment with an address, with all other kee empowered.

SIGNATURE:

to on allocation of significant of Director

1-7.03

Daytime Phone 4