2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 17, 2003 8:00 am

1. Entity Nan		0097766 Iny, Inc.			Secretary 0 03-17-2003 91071 03			
Principal Place of Business 204 EAGLETON LAKES BLVD PALM BEACH GARDENS FL 33418 Mailing Address 204 EAGLETON LAKES BLVD PALM BEACH GARDENS FL 33418 Mailing Address 204 EAGLETON LAKES BLVD PALM BEACH GARDENS FL 33418								
2. Principal F 3 99 Suite, Apt		3. Mailing Address 8990 Owho	2	/	CHECK HERE IF MAKING		BHI I 6 116 (114 6	
	Palm Beach	West Palmi		4.	FEI Number 65-1019642		plied For ot Applicable]
3341	<u> </u>	33412	Country.			\$8.75 Add Fee Require	ditional d	
	6. Name and Address of Current R	egistered Agent	Name	7.	Name and Address of New Registered A	gent		┨
MICHOLO	, L. WESLEY P.A.		Name	~ەلــ	th Costas			
11380 PR		Street Add	Street Address (P.O. Box Number is Not Acceptable)					
Palm Be	ACH GARDENS FL 33410		80	990	Oldsam Way	1 7: 0 (
				est 1	Palm Beach FL	334	¹ /2	
	e named entity submits this statement for titions of registered agent.	the purpose of changing its re		•	igent, or both, in the State of Florida. I am fa	amiliar with,	and accept	7
SIGNATURE	Dan S Con	tax fre		4/03				
	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: R	Registered Agent signature	required when	reinstating) DATE			-
Afte	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of \$	State			9. Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees	
fo.	OFFICERS AND D		11.		DDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	2 IN 14	_
TITLE	P OFFICERS AND D	Delete	TITLE	^	DDITIONS/CHANGES TO OFFICERS AND	☐ Change	Addition	1 6
NAME	COSTAS, JOHN S		NAME .			5		3
STREET ADDRESS	204 EAGLETON LAKES BLVD >		STREET ADDRESS					13
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		CITY-ST-ZIP					{
TITLE	V COSTAS, IRENE G	☐ Delete	TITLE			☐ Change	☐ Addition	6
NAME STREET ADDRESS	204 EAGLETON LAKES BLVD		NAME STREET ADDRESS					
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	الما المحتجد المحالة المحالة المحالة المحالة الم	- CITY-ST-ZIP		العام الحالي المحتمون المسترا المستران	. حجود		
TITLE	2	☐ Delete	TITLE			☐ Change	☐ Addition	1
NAME	Costas, Johns	מ	NAME					
STREET ADDRESS	1990 Oldham W West PAIM Beach	F 33412	STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP		,			-
TITLE NAME	Costas Irene G.	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS	8990 Oldham	my	STREET ADDRESS		·.			
CITY-ST-ZIP	Costas Irene C. 8990 Oldham W West Palm Beach	JE1 33417	CITY-ST-ZIP		·			
TITLE	,	☐ Delete	THTLE			☐ Change	Addition	1
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP		,	STREET ADDRESS CITY-ST-ZIP					
TITLE		Delete	TITLE			☐ Change	☐ Addition	1
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	i		CITY-ST-ZIP					1

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.

CITY-ST-ZIP

SIGNATURE:

Daytime Phone #