2001 UNIFORM BUSINESS REPORT (UBR)

DOCUI 1. Entity Name E. R. I. C.		Secretary of State 05-18-2001 91234 002 ***550.00						
Principal Place of Business 4267 OLD BOYNTON ROAD BOYNTON BEACH FL 33436		Mailing Address 4267 OLD BOYNTON ROAL BOYNTON BEACH FL 3343						
2. Principal Pl	lace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number 65-1027090 Applied For Not Applied For				
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6., Name and Address of Current Re	egistered Agent -		7. Name and Address of New Registered Agent				
LEININGER	R, ANGELA D		Name					
4267 OLD	BOYNTON ROAD		Street Address	s (P.O. Box Number is Not Acceptable)				
BOYNTON	BEACH FL 33436		City	FL Zip Code				
8 The above	named entity submits this statement for t	he nurnose of changing its	registered office or registe	tered agent, or both, in the State of Florida.				
Tax filing r	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!	E: Registered Agent signature required in the second secon	10. Election Campaign Financing \$5.00 May B Trust Fund Contribution. Added to Fees				
11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANGELA LEININGER 4267 OLD BOYNEN RE BOTHER BEET FE 53 PRESIDENT	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	77.00	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi				
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13. I hereby of indicated of the corchanged	certify that the information supplied with t I on this report or supplemental report is t poration or the receiver or trustee empov or on an attachment with an accords, w	his filing does not qualify fo rue and accurate and that r vered to exocute this report the all other like empowered	r the exemption stated in S my signature shall have the as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information to same legal effect as if made under oath; that I am an officer or direct sor, Florida Statutes; and that my name appears in Block 11 or Block 11				

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E. R. I.							111	1		
Principal Plac	ce of Business	Mailing Address					T'	09	74	<u>'</u>
4267 OLD BOY BOYNTON BEA	YNTON ROAD ACH FL 33438	4267 OLD BOYNTON ROAD BOYNTON BEACH FL 33436				D DODOOO				
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. F	El Number - 102	709.0		pplied For of Applicable]	
Zip	Country	ζiρ	Count	ī y	l l	Certificate of Status Desi	_	\$8.75 Ad Fee Require	ditional ed]
	6. Name and Address of Current F	Registered Agent		Name	7. N	lame end Address of N	low Registered	Agent].
LEININGER, ANGELA D			ŀ		ss (P.O. B	ox Number is Not Acce	ptable)	!		-
	7 OLD BOYNTON ROAD 'NTON BEACH FL 33438		}		<u> </u>	····				+
				City			Fl	Zip Cod	io	1
8. The above	e named entity submits this statement for	the purpose of changing its	registere	d office or regi	stered age	ent, or both, in the State	of Fiorida.	- ;\ 		1
SIGNATURE	11/2					50 X	01	<u></u>		
	Signaturic Typed or printed name of neglectered against			Agent signature req	Myang Astron La	instating)	DATE	1		1
This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State								
11.	OFFICERS AND C		12.		ADI	OITIONS/CHANGES TO	OFFICERS AND		S IN 11] =
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STREET ADDRESS CITY-ST-ZIP			_	T AOORESS 51-ZIP]	_	
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changed,	or on an attachment with an address, wi	if all other like empowered.	era tochenić	in his maties (, FRIN	a organica, ara umi iliy i		101	- 7C2	7