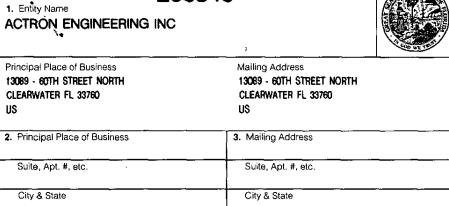
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** 266845



## **FILED** May 02, 2003 8:00 am Secretary of State 05-02-2003 90238 006 \*\*\*150.00

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•	ce of Business STREET NORTH R FL 33760	Mailing Addr 13069 - 60TH CLEARWATER US	STREET NORTH					
2. Principal P	Place of Business	3. Mailing Ad	dress		- 	11 61111 6111 6111 61611 61611 <b>6</b>		UK KIUSI KUSI
Suite, Apt. #, etc.		Suite, Apt.	#, etc.	<u> </u>	☐ CHECK HE	ERE IF MAKING CH	HANGES	
City & State		City & State	e		4. FEI Number 59-10091	97		plied For Applicable
Zip	Country	Zip	Cou	intry	5. Certificate of Status Desire		.75 Addi Required	
	6. Name and Address of Currer	nt Registered Age	nt		7. Name and Address of Ne	w Registered Age	nt	
	- <del></del>	<del></del>		Name	- · · · <del>- · · · ·</del>	<u> </u>	<del></del>	
WEINFELD 13089 607				Street Address (	P.O. Box Number is Not Accept	able)		
	ATER FL 33760							
<b>5 2</b> 2				City		FL	Zip Code	
8. The above the obligat	e named entity submits this statement tions of registered agent.	for the purpose of	changing its registe	red office or register	ed agent, or both, in the State of	of Florida. I am fami	liar with, a	and accept
0.01.1.		,						
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE; Register	red Agent signature required	when reinstating)	DATE		
F	FILE NOW!!! FEE IS \$150.00					<del>.</del>		
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department				9. Election Campaign Trust Fund Contrib		<b>\$5.0</b> 0 Added	May Be to Fees
MIGNE CHECK	with a substitution of the substitutions	Or State						1
10.		D DIRECTORS	11	<u> </u>	ADDITIONS/CHANGES TO	OFFICERS AND DIF	RECTORS	HN 11
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10. TITLE NAME	OFFICERS AN VP WEINFELD, LARRY	D DIRECTORS	Delete TIT	LE ME	ADDITIONS/CHANGES TO	<del></del>		
10. TITLE NAME STREET ADDRESS	VP WEINFELD, LARRY 13089 60TH ST. N	D DIRECTORS	Delete TIT NAI STE	LE ME REET ADDRESS	ADDITIONS/CHANGES TO	<del></del>		
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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 the empowered.

**SIGNATURE:**