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

## 282093 **DOCUMENT#**



## FILED Mar 24, 2003 8:00 am Secretary of State

PRODUCTION ROLLAR PLACE OF Business  2. PINICIPAL Place of Business  Sure, Apr. 4 etc.   Sure	1. Entity Nar			ERPRISES, INC.					03-24-2003 90152 041 ***150.00
Sulfie, Apl. *, etc.   Guite, Apl etc.   A, FEI Number 59-1162216   Applied For Inch Applied For Inc	4500 ULMERTON RD.			P.C PIN	P.O. BOX 202 Pinellas Park FL 33780				
City & State    City & State   City & State   City & State   A. FEI Number 59-1162216   Applied For   Not Applied For	2. Principal F	Place of Busin	iess	3. M	3. Mailing Address				T TODAYO HADOL TOTAD HADAT BERTA HADAD TINA BADAT BADAH BADAH BADAT BADA
Country   Zip   Country   Zip   Country   S. Certificato of Status Desired   S. 7. Additional Fee Required   S. 7. Additional Fee Required   S. 7. Name and Address of New Registered Agent   S. 1. Additional Fee Required   S. 7. Name and Address of New Registered   S. 7. Additional Fee Required   S. 7. Name and Address of New Registered   S. 7. Name and Address of N	Suite, Apt.	. #, etc.		Su	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Addisonal Fee Regular	City & State			Ci	City & State			4	59- Un221h
HILL FRANK 1983 LEVINE LIN CLEARWATER FL 33760  8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the childgallons of registered agent.  SIGNATURE Sequence, typod is progetizened registered agent and the registered.  REFILE NOW!!! (FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Priorita Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TILE HULL FRANK J. STREET ADDRESS OITY-S1-2P  TILE NAME 1983 LEVINE LN. CLEARWATER FL  TILE NAME 1980 Addition NAME 1980 LEVINE LN. CLEARWATER FL  TILE NAME 1980 LEVINE LN. CLEARW	Žìp	Zip Country		Zi	Zip Coun		itry		5 Certificate of Status Desired S8.75 Additional
Name		6. Name	and Addr	ess of Current Registe	red Agent			.7	.7. Name and Address of New Registered Agent
Sireet Address (P.O. dox Number is Not Acceptable)    City   FL   Zip Code	HIII FRA	NK					Name		
CIEARWATER FL 33760  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and too if applicable.  SIGNATURE    Symbox Speed prefer frame or registered agent and too if applicable.   (MOTE, Registered Agent signature required when receitaing)   DATE	l						Street Address (P.O. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent.  SGNATURE    Squarker, prior or printed frame of legistered agent and liter if applicable.   (NOTE, Replaced Agent Signature required when retributing)   DATE			760						
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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 appendiress, with all other like empowered.

**SIGNATURE:**