2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

443822 **DOCUMENT#**

1. Entity Name

JOHN LUTHER INC.



Apr 25, 2003 8:00 am Secretary of State **FILED**

						OD WE TRE						
Principal Place of Business 6000 NW 24TH COURT SUNRISE FL 33313			6000 N	Mailing Address 6000 NW 24TH COURT SUNRISE FL 33313								
2. Principal Place of Business			3. Maili	3. Mailing Address				1 MARINE BLOOM BELLEVILLE TO THE STATE OF TH				
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City &	City & State			4. FE	59-1498410		_ 	Applied For Not Applicable	
Zip	Country			Zip Cour		itry 5.		ertificate of Status Desired		8.75 Add	ditional	1
	6. Name	and Address of Cur	rent Registered	Agent		7. Name and Address of New R			egistered Agent			
LUTHER, JOHN 6000 NW 24TH COURT SUNRISE FL 33313						Name						
		·			City				FL.	Zip Cod	e	-
	named entity ions of regist		nt for the purpo	se of changing its	registered offic	e or registe	red ager	nt, or both, in the State of Flori		niliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered	agent and title if appli	cable. (NOTE	: Registered Agent s	ignature require	d when reins	stating)	DATE			
After	May 1, 200	! FEE IS \$150.00 3 Fee will be \$550 Florida Departmen	.00					Election Campaign Fina Trust Fund Contribution.			0 May Be I to Fees	1
10.	<u></u>	OFFICERS /	AND DIRECTOR	RS	11.		ADD	ITIONS/CHANGES TO OFFIC	CERS AND D	RECTOR	S IN 11],
TITLE NAMÉ STREET AUDRESS CITY-ST-ZIP	P LUTHER, J 6000 NW : SUNRISE	24TH COURT	13	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	^{:SS} 600	ONW	LUTHER 24 COURT E FL 33313	[Change	Addition	140,00
TITLE NAME STREET ADDRESS CHY-ST-ZIP				☐ Delete	NAME STREET ADDRE		•	7	[Change	☐ Addition	2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		.,		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ESS .				Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ess				☐ Change	Addition	7
indicated of the cor	on this repor poration or th	t or supplemental rep	ort is true and a empowered to e	ccurate and that mixecute this report a	iv signature sha	all have the	same led	9.07(3)(i), Florida Statutes. I f gal effect as if made under oa a Statutes; and that my name	ath: that I am	an officer	or director	

SIGNATURE: