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

DOCUMENT

1419 PINE BAY DRIVE. SARASOTA FL 34231

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

2. Principal Place of Business



Mailing Address 46 N WASHINGTON BLVD SUITE 1 SARASOTA FL 34236 3. Mailing Address

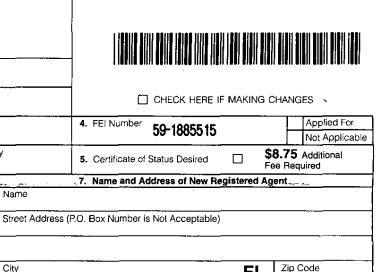
Suite, Apt. #, etc.

City & State

Zip

FILED Aug 11, 2003 8:00 am Secretary of State

08-11-2003 90282 047 ***550.00



PATTERSON, JOHN 46 N WASHINGTON BLVD #1 SARASOTA FL 34236

Country

6. Name and Address of Current Registered Agent

	City		FL	Zip Code
The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.	d office or registered	agent, or both, in the State of Florida	i. I am far	niliar with, and accept

Country

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition VROOM, BERNARD NAME NAME 4325 GULF OF MEXICO DR. STREET ADDRESS STREET ADDRESS LONGBOAT KEY FL 34729 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE PD ☐ Delete TITLE ☐ Change VROOM, ERNIE NAME NAME STREET ADDRESS 1419 PINE BAY DRIVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34231 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 addr,

SIGNATURE:

Sigi*y*a: SIGNATURE AND TYPED OR PRINTED NAME OF