2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nar	MENT # 613336 JBLICATIONS OF BOYNTON			Secretary of State 02-07-2002 90013 016 ***150.00	1	
Principal Place of Business 1848 N FEDERAL HWY (33435) P O BOX 141 BOYNTON BEACH FL 33435 2. Principal Place of Business Suite, Apt. #, etc.		Mailing Address 1848 N FEDERAL HWY (33435) P O BOX 141 BOYNTON BEACH FL 33435 3. Mailing Address Suite, Apt. #, etc.				
				DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 59-1886794 Applied For Not Applied by		
Zip	Country	Zip	Country	5. Certificate of Status Desired		
	6. Name and Address of Current Re	gistered Agent	[7. Name and Address of New Registered Agent	\dashv	
			Name -		٦	
639 E. O	Y, THOMAS J JR. CEAN AVE., SUITE 408 N BEACH FL 33435		Street Addres	ress (P.O. Box Number is Not Acceptable)		
2011110			City	FL Zip Code	1	
Tax filing (See crite	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to clo so. ria on back)	FILE NOW!! After May 1, 200 Make Check Payab	Registered Agent signature requirements If FEE IS \$150.00 D2 Fee will be \$550.00 le to Department of S	10. Election Campaign Financing Trust Fund Contribution. 55.00 May Be Added to Fees		
11.	OFFICERS AND DI	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11],	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GOLDSON, WILLIAM R 1848 N. FEDERAL HWY. BOYNTON BEACH FL 33435	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	20,07,000	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSON, WILLIAM R 1848 N. FEDERAL HWY. BOYNTON BEACH FL 33435	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	- 6	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KAHN, RICHARD 1848 NORTH FEDERAL HIGHWAY BOYNTON BEACH FL 33435	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
indicated of the cor	on this report or supplemental report is tru	ue and accurate and that me ered to execute this report a	ıy signature shall have th	in Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director of 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if		

SIGNATURE:

WILL REGISTATION OF SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

//22/02 561-732-0929