2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

698532 DOCUMENT

1. Entity Name



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90010 023 ***150.00

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Second	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			· CHECK HERE IF	MAKING C	HANGES		
6. Name and Address of Current Registered Agent 7. Name and Address of Now Registered Agent 1. Name and Address of Now Registered Agent 1. Name and Address of Now Registered Agent 1. Name 1.	City & State		City & State		4. FEI Number 59-2118109					
HAUSBURG, JONATHAN E. ESQ. 3104 N TAMIAI TR. SARASOTA FL. 34234 City FL Zio Code 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent. SIGNATURE FLE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Populate for ford Department of State 10. OFFICERS AND DIRECTORS TO MINELLI, ROBERT A TO MINELLI, ROBERT A TO MINELLI, ROBERT A TO MINELLI, LINDA TO MANE SITERI ADDRESS TO MINISLI, LINDA TO TO TO TABLE TO SAVE THE	Zip	Country	Zip	Country	5. (Certificate of Status Desired				
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3104 N TAMIAI TR. SARASOTA FL 34234 City FL Zio Code			الأسيداء المسويريي	Name	,	· · · · · · · · · · · · · · · · · · ·	-			
SARASOTA FL 34234 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. SIGNATURE SIGNATURE TILL				Street Address	Street Address (P.O. Box Number is Not Acceptable)					
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B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Provided printed agent to the / applicable. (NOTE Registered Agent signature required when ministring) DATE	JANAGOTI	K E 07207		City			FI	Zip Cod	e	
SIGNATURE Signature Signature princip name of registered agent and title if applicable. (NOTE Registered Agent signature required when reintaining) OATE			the second secon	registered office or regist	torod an	ent or both in the State of Flor		niliar with	and accept	
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After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS	SIGNATURE -	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signature requi	ired when re	einstating)	DATE			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TOMINELLI, ROBERT A TOMINELLI, LINDA TOMINBLLI, LIN	After	May 1, 2003 Fee will be \$550.00	State "							
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		certify that the information supplied with	this filing does not qualify for		Section	119.07(3)(i), Florida Statutes. I	further certif	y 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 like empowered.

SIGNATURE: