2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 06, 2003 8:00 am Secretary of State

	HILDHW DO	SINESS REPUR	i (ARK)	<u> </u>	. 1/	01 00 0000 0	•/ •/^/40 ^?1 ***	**<1.05	
1. Entity Nar	IMENT # 704	-				01-22-2003 9	'UU48 U31 **`	***61.25	
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Principal Place of Business IRIS AND DOCE BOX 3303 LANTANA FL 33465-3303		Mailing Address IRIS AND DIXIE BOX 3303 LANTANA FL 33485-3303	IRIS AND DIXIE BOX 3303		4 / 0 # (1 2 #) +	Odiu đesa i iska iska inki s	811: £15() 8(6)) B;814 B;	917 8187a 120a	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite. Apt. #, etc.	Suite. Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number NOT APPLICABLE Applied For Not Applicable				-
Zip	Country	Zip	Country		5. Certificate of	Status Desired . [40 7E	iditional	7
	6. Name and Address o	f Current Registered Agent			7. Name and Ad	idress of New Regist	ered Agent		_
			Name	<i>/</i> /	ARV==	BAILE		, . 	
JOHNSO			Street /					<u> </u>	ᅱ
1127 PIN			3730			(P.O. Box Number is Not Acceptable)			
LANTANA FL 33462			1 6	BOYTON BEACH, FL					1
)		·	City				FL Zip Coo	de	٦
8 The above	e named entity submits this sta	atement for the purpose of changing its	registered office o	r register	ed speat or both i	n the State of Florida		and accept	₹
	tions of registered agent.	atomic to the perpede of oralliging to	, rog.s.c.o.c.	. Lugiotori	ac agoin, or boar, i	it all otate of Fronce.	TO THE PROPERTY OF THE PARTY OF		1
	ر کاستان ما	0 0 0	~ ~	-197	16		-3-03	3	1
SIGNATURE	MARY	DAUK		00	y Carr	uu 3			1
	Signature, typed or printed name of reg	istered agent and title if applicable. (NOT)	E: Registered Agent signa	ture required	when reinstating)	C	DATE		1
									7
Ĵ	FILE NOW: FEE IS \$61	9. Election Car Trust Fund C	npaign Financing Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State				
10.	OFFICER:	S AND DIRECTORS	11.		DDITIONS/CHANG	GES TO OFFICERS AN	D DIRECTORS IN	1 10	4
TITLE	P	☐ Delete	TILE			220 10 011102110711	☐ Change	Addition	1
NAME	HAND, JANE		NAME	ì					(10/02)
STREET ADDRESS	898 N. FEDERAL HWY #	P432	STREET ADDRESS	[,		1
CITY-ST-ZIP	LANTANA FL 33482		CITY-ST-ZIP				·		5
TITLE	V	☐ Delete	TITLE				☐ Change	Addition	CROE037
NAME	ANTONETTE, TERRY	•	NAME	ļ					١
	229 N. K ST		STREET ADDRESS				÷	1	
CITY-SI-ZIP	RS RS		CITY-ST-ZIP.	- RS				- <u>-</u> -	_
TITLE NAME	LINDSTROM, BARBARA	Delete	TITLE	7.3	hw son	ANNE -	Change	Addition	نا ا
STREET ADDRESS	703 N 4TH ST		STREET ADDRESS	118	-7 PINE	WAY			1
CITY-ST-ZIP	LANTANA FL		CITY-ST-ZIP	LA	NT ANA, P	L 33462			1
TITLE	f	☐ Delete,	TITLE				☐ Change	Addition	1
NAME	HAND, ROBERT	•	NAME					_	
STREET ADDRESS	896 N FEDERAL HWY #4	432	STREET ADDRESS						
ÇITY-ST-ZIP	LANTANA FL 33462	<u>-</u>	CITY-ST-ZIP		<u>-</u>				1
TITLE	DUTO LEONE	☐ Delete	TITLE				☐ Change	Addition	
NAME STOCKT ADDRESS	VITO, LEONE 1 N GOLFVIEW # 203		NAME						
STREET ADDRESS CITY-ST-ZIP	LAKE WORTH FL		STREET ADDRESS CITY-ST-ZIP						
	D	<u> </u>		——				□ 4.22 0	ł
TITLE NAME	YORK, ANN	Celete	TITLE NAME				Change	Addition	ļ
OWNER ADDRESS	loss e o et	-	TIANE						1

12. I hereby certify that the information supplied with this filling 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 path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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.

CITY-ST-ZIP

SIGNATURE:

LAKE WORTH FL

SIGNATURE REQUIRED

Mary Baug

1-13-03

Daytime Phone #