2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710378

1. Entity Name



FILED May 05, 2003 8:00 am Secretary of State
05-05-2003 91775 007 ****61.25

| ON, INC. | | | | | | | |
|---|--|--|---------------------------------------|---|--------------------------------|-------------------------------|--|
| 1951 NORTH E | e of Business AST 48 STREET CH HIGHLANDS FL 33064 | Mailing Address 4477 N.W. 65 ST COCONUT CREEK FL 33073 | | | | | |
| 2. Principal P | Place of Business | 3. Mailing Address 16748E 8 | th AUE | | | | |
| Suite, Apt. #, etc. Su | | Suite, Apt. #, etc. | | | ☐ CHECK HERE IF MAKING CHANGES | | |
| 1 / | | City & State Bu | ecl. H | 4. FEI Number 59-1 | 172944 | Applied For Not Applicable | |
| Zip | Country | 33441 | COUSA | 5. Certificate of Statu | | 75 Additional Required | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Addres | ss of New Registered Agen | t | |
| KEENAN, WILLIAM J. 1674 SE 8TH AVE DEERFIELD BEACH FL 33441 | | | Name Street Address | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | City | | FL ² | Zip Code | |
| | named entity submits this statement to ions of registered agent. Signature, typed or printed name of registered agent. | A William . | ر مید | | State of Florida. I am famili | ar with, and accept | |
| | Typicions, ypod or printed name or regulations again. | The file of application. | agiotote a gone signator a regon | as who is to is a supply | 7 5/112 | | |
| FILE NOW: FEE IS \$61.25 9. Election Campaig Trust Fund Contrib | | | | \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State | | | |
| 10. | OFFICERS AND DIF | RECTORS | 11, | ADDITIONS/CHANGES | TO OFFICERS AND DIRECT | ORS IN 10 | |
| NAME STREET ADDRESS | PD KWIECIEN, DAVID 4921 NW 76TH PL POMPANO BCH FL | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Change | |
| NAME STREET ADDRESS | ST KEENAN, WILLIAM J. 1674 SE 8TH AVE DEERFIELD BEACH FL | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Change Addition | |
| TITLE NAME STREET ADDRESS | D Kelly, Thomas 5232 Ne 15th Ave Pompano Beach Fl | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | - | Change | |
| | VP BRUNDZA, BOB 1612 NE 30TH COURT POMPANO BEACH FL | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Change Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Change Addition | |
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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 eath; 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.