UCUI DOCUI		e <b>ss repor</b> )0000467		FILED Feb 27, 2003 8:00 am Secretary of State 02-27-2003 90111 035 ***158.75
Principal Place of Business 1111 S.E. FEDERAL HWY SUITE 134 STUART FL 34994 US		Mailing Address 1111 S.E. FEDERAL HWY SUITE 134 STUART FL 34994 US		
2. Principal Pl	ace of Business	3. Mailing Address		t indition fill south and a delife and a south south south and a south and
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 06-1553692 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
KLEIN, ROBERT N				
C/O DEAN, MEAD, MINTON & KLEIN		Street Addres	s (P.O. Box Number is Not Acceptable)	
1903 SOUTH 25TH STREET, SUITE 200				· · · · · · · · · · · · · · · · · · ·
<ul><li>FT. PIERCE FL 34947</li><li>8. The above named entity submits this statement for th</li></ul>			City	FL Zip Code
After	LE NOW III. FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department o OFFICERS AND	12 Annual Los		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WALTERS, ERIC G 165 CAMBRIDGE TNPKE CONCORD MA 01742	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TTLE NAME STREET ADORESS STTY - ST - ZIP	PS TROWBRIDGE, KEITH 2421 S.E. BAHIA WAY STUART FL 34996	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 🗍 Addition
ITLE IAME STREET AODRESS SITY - ST - ZIP	D LEE, STEVEN J 112 FARM RD SHERBORN MA 01770	Delete	TITLE NAME STREET ADDRESS CITY - ST- ZIP	Change 🔲 Addition
ITLE IAME ITREET ADDRESS ITY - ST - ZIP	D SICILIANO, ARTHUR 13 SALT MARSH LN GLOUCESTER MA 01930	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
12. I hereby c indicated	on this report or supplemental report poration or the receiver or trustee emp or on an arachment with an advress.	is true and accorate and that r powered to execute this report	r the exemption stated in my signature shall have th as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if (888) 790-0330 Date

