## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** Jun 16, 2003 8:00 am Secretary of State

1. Entity Nar		0002453			06-16-2003	90137 044 ***	150.00
Principal Plat 1515 S. FEDE SUITE 211 BOCA RATOR				1			
2. Principal Place of Business 2820 6 factes Rd Suite, Apr. #, etc.  3. Mailing Address 2820 6 fact Suite, Apr. #, etc.  Suite, Apr. #, etc.			les Rd		CHECK HERE IF MAKING CHANGES		
Book Rutan Ff Book Ruta			an Ft	4. FEI Number 02-0516897 Applied For Not Applicab			Applied For Not Applicable
Zip 334	34 Country	zip 33434	Country	5.	Certificate of Status Desired	S8.75 A	
	6. Name and Address of Current F	legistered Agent		7.	Name and Address of New,Re	gistered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET *TALLAHASSEE FL 32301-2525				Name Street Address (P.O. Box Number is Not Acceptable)			
			City	City Et Zip Code			
	<u> </u>	City FL Zip Code  red office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
SIGNATURE.	Signature, typed or printed name of registered agent at FILE NOW!!! FEE IS \$150.00 in May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	(A) (F)	Registered Agent signatu	re required when r	9. Election Campaign Fina Trust Fund Contribution.		00 May Be
10.	OFFICERS AND D	DIRECTORS	11.	A[	DOITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	3S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NORTH HAMPTON NH 03862	☐ Delete	TITLE NAME STREET ADDRESS CITY_ST-ZIP		retions ander Charles irport RD and NH. 032		☐ Addition S
NAME STREET ADDRESS CITY-ST-ZIP	VP FURMAN, STEVEN 1515 S FEDERAL HWY STE 211 BOCA RATON FL 33432	<b>⊠</b> Delete	NAME STREET ADDRESS GITY-ST-ZIP			☐ Change	Addition   8
TITLE	DOF	■ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	FEDDERMEN, SUSAN 1515 S FEDERAL HWY STE 211 BOCA RATON FL 33432		STREET ADDRESS CITY-ST-ZIP		<u> </u>		
TITLE	8-1	☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS	RECEIPED.		NAME Street adoress				
CITY-ST-ZIP			CITY-ST-ZIP		•		}
TITLE		☐ Delete	TITLE			Change	☐ Addition
NAME PERSON	31 × 3 × 30 × 3		NAME CERCET ADDRESS		<u> </u>		{
STREET ADORESS CTTY-ST-ZIP	1 2 2		STREET ADDRESS City-St-Zip		en de la companya de La companya de la co		
TITLE NAME	م به که و وجود در دوسوس	☐ Delete	TITLE NAME	<del></del>		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	The second of th	There was a second	STREET ADDRESS	, -1	ه د د څرک و ه مارس لاورېسي	****	
		NOTE THE STATE OF STA			9101010 1 1 0 0 (1)		1
indicated of the cor	certify that the information supplied with to fon this report or supplemental report is to poration or the receiver or trustee empoyer.	rue and accurate and that my vered to execute this report as	ne exemption state y signature shall ha s required by Char	ou in Section ive the same l oter 607, Florid	רים:שית(ש)נו), הוסוום Statutes. I tu legal effect as if made under oat da Statutes; and that my name a	ruier certify that the it h; that I am an officer ppears in Block 10 or	or director Block 11 if