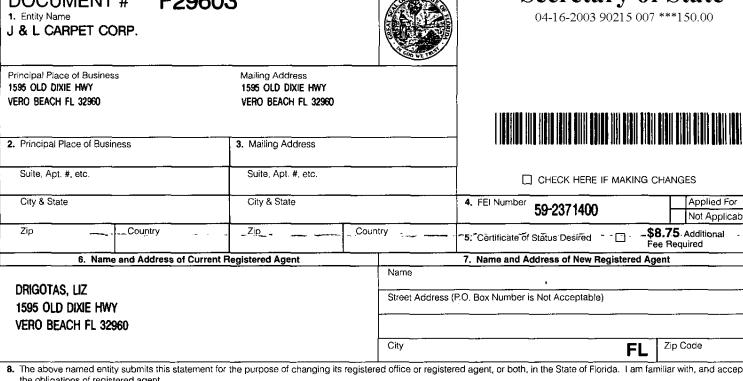
Apr 16, 2003 8:00 am \$ Secretary of State

04-16-2003 90215 007 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F29603 DOCUMENT



8.	. The above named	d entity submit	ts this statement	for the purpose	of changing it	s registered	office or registe	ered agent, or	both, in the St	ate of Florida.	I am familiar with,	and accept
	the obligations of	registered ag	jent.									

SIGNATURE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when rainstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Zip Code

Not Applicable

Make Check Payable to Florida Department of State									
10.	OFFICERS AND DIRECTOR	RS .	11.	ADD	ODITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STV DRIGOTAS, LIZ 1595 OLD DIXIE HWY VERO BCH, FL 00000	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	_		☐ Cha	ange	Addition
TITLE NAME (A) STREET ADDRESS CITY-ST-ZIP	P, ST, D BRIGOTAS LIZ 1595 OLG DIXIE HWY. VERO BEACH, FL. 32460	□ Delete · ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Cha	ange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>-</u> :		☐ Cha	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Cha	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Cha	inge	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Cha	inge	Addition

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 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