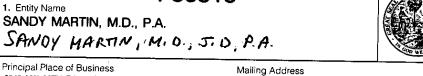
## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** F36815





SANDY MARTIN, M								
Principal Place of Business 6545 NW 39TH TERRACE BOCA RATON FL 33496		Mailing Address 6545 NW 39TH TERRACE BOCA RATON FL 33496						
				ĺ				
2. Principal Place of Busines	SS 3.	Mailing Address	<del>12</del>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State					☐ CHECK HERE IF MAKING CHANGES			
Only a State		City & State		4	4. FEI Number 59-2095008		F	Applied For
Zìp	Country	Zip	Country	5	5. Certificate of Status Desired	\$	 8.75	Not Applicable  Additional
6. Name ar	nd Address of Current Regis	stered Agent			/. Name and Address of New Registered	Fe	e Req	uired
MARTIN, SANDY			Name;		The state of the s	- Ay	_=	
6545 NW 39TH TERRA	CF		Street Addr	ess (P.O	). Box Number is Not Acceptable)			<del> </del>
BOCA RATON FL 3349	<del></del>		<u> </u>	-			<del></del>	<del></del>
			City				Zip C	ode.
8. The above named entity si	ubmits this statement for the p	ourpose of changing its re	egistered office or red	istered a	Flagent, or both, in the State of Florida. I am	L form		
the obligations of registere	ed agent.			,	-government and death of Florida. Fair	l lall	illiai Wi	пт, апо ассерт
SIGNATURE Signature, typed or p	rinted name of registered agent and title	if applicable (NOTE: I	Registered Agent signature re					
FILE NOW!!! I	<del> </del>	(1012.1	negistered Agent signature re	quirea wher	n reinstating) DATE			<del>-</del>
After May 1, 2003 Make Check Payable to Fi	Fee will be \$550.00 orida Department of State	1			Election Campaign Financing     Trust Fund Contribution.			.00 May Be ded to Fees
TITLE DP	OFFICERS AND DIREC		11.		ADDITIONS/CHANGES TO OFFICERS AN	D DI	RECTO	DRS IN 11
NAME STREET ADDRESS CITY-ST-ZIP  MARTIN, SAN 6545 NW 391 BOCA RATOR	TH TERRACE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				] Chang	e
TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	-	•		] Change	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	to generalize the control of the con	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	عيت دُ		, 🗆	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	<del></del>			Change	☐ Addition
ITLE VAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the info		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNOWANTED PART.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR