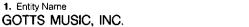
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

F97000004240

1. Entity Name





FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90006 037 ***150.00



					V				
Principal Place of Business 2200 NW 32 STREET SUITE 1600 POMPANO BEACH FL 33069 US			Mailing Address 2200 NW 32 STREET SUITE 1600 POMPANO BEACH FL 33069 US						
2. Principal Place of Business			3. Mailing Address					£8	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State				4. FEI Number 04-2572290 Applied For Not Applied For		
Zip	Zip Country		Zip		Country		Certificate of Status Desired S8.75 Addition Fee Required		
6. Name and Address of Current R			egistered Agent			7. Name and Address of New Registered Agent			
					Name				
BAILEY, TIMOTHY L 2335 EAST ATLANTIC BLVD.			5			Street Address (P.O. Box Number is Not Acceptable)			
STE 300-BARNETT BANK BLDG						·			
POMPANO BEACH FL 33062					City	<u> </u>	FL Zip Code		
	named entity submits this statement fo tions of registered agent.	r the purp	ose of changing its i	registere	ed office or regi	istered ag	ent, or both, in the State of Florida. I am familiar with, and	accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if appl	licable. (NOTE.	: Registered	d Agent signature rec	quired when re	einstating) DATE	_	
;	ILE NOW!!! FEE IS \$150.00	1							
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of			State				9. Election Campaign Financing Trust Fund Contribution. \$5.00 (Added to		
10.	OFFICERS AND	DIRECTO	RS	11.		ΑC	.L DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	11	
TITLE NAME STREET ADDRESS	CPST DAGGETT, BRIAN J 2200 NW 32 STREET, SUITE 160	0	☐ Delete		E Et address		Change [Addition	
CITY-ST-ZIP	POMPANO BEACH FL 33069			CITY-	-ST-ZIP			;	
NAME STREET ADDRESS CITY-ST-ZIP	D Daggett, Brian J 2200:NW_32 Street Pompano Beach FL 33069		Delete	_		-, -	Change C	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAGGETT, GORDON B 185 SPRINGER LANE WEST YARMOUTH MA 02673		□ Delete				☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	□ Delete				☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(å)		☐ Delete	•		-	☐ Change ☐	Addition	

12. 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 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

SIGNATURE:

Date

Daytime Phone #