2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90942 012 ***158.75

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BOCA RATON FL 33431 2. Principal Place of Business Sulle, Apt. 4, etc. Sulle, Apt. 4, etc. Sulle, Apt. 4, etc. Sulle, Apt. 4, etc. Chy & State	2700 N. MILT	TARY TRAIL	S	2700 N. MILITARY TRA	L MILITARY TRAIL		10030739						
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Zip Country Zip Country S. Certificate of Status Desired X \$5.75 Additional Face Producted Agent PMC GROUP, N.C.	Suite, Apt	. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
S. Certificate of Status Desired & Sp. 1.5 Addition FMC GROUP, NC. FMC GROUP, NC. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Plonds. I am familiar with, and accept inhe obligations of elegistered agent, or both, in the State of Plonds. I am familiar with, and accept inhe obligations of elegistered agent, or both, in the State of Plonds. I am familiar with, and accept inhe obligations of elegistered agent, or both, in the State of Plonds. I am familiar with, and accept inhe obligations of elegistered agent, or both, in the State of Plonds. I am familiar with, and accept inhe obligations of elegistered agent, or both, in the State of Plonds. I am familiar with, and accept inhe obligations of elegistered agent, or both, in the State of Plonds. I am familiar with, and accept inhe obligations of elegistered agent, or both, in the State of Plonds. I am familiar with, and accept inhe obligations of elegistered agent, or both, in the State of Plonds. I am familiar with, and accept inhe obligation of elegistered agent, or both, in the State of Plonds. I am familiar with, and accept inhe obligation of elegistered agent, or both, in the State of Plonds. I am familiar with, and accept inhe obligation of elegistered agent, or both, in the State of Plonds. I am familiar with, and accept inhe obligation of elegistered agent, or both, in the State of Plonds. I am familiar with, and accept inhe obligation of elegistered agent, or both, in the State of Plonds. I am familiar with, and accept inhe obligation of elegistered agent. International inheritary inheritary inheritary inheritary inheritary inheritary inheritary. International inheritary inheritary inheritary inheritary inheritary inheritary inheritary inheritary inheritary. International inheritary inheritary inheri	City & Sta	te		City & State			1.3741172091						
Size Address of Norw Registered Agent FMC GROUP, INC. 2700 N. Mall/TARY TRAIL STE. 100 BOCA RATON FL 33431 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	Zip Country		Country	Zip	Coun		5. Certificate of State		f Status Desired	X (\$	8.75 A	dditional	
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code						=Name • -		بنفيتستند دست					7
BOCA RATON FL 33431 City	2700 N. MILITARY TRAIL					Street Add	dress (P.	ess (P.O. Box Number is Not Acceptable)					
IN CONCRETE ADDRESS CITY-ST-2P Delete						City	FL Zip.℃					de	
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After May 1, 2003 Fee will be \$550.00 May Be Added to Fees Make Check Payable to Fiorida Department of State 10.	SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable. (No	OTE: Registere	d Agent signature	required wi	hán /áinstating)		DATE			
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er 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 with an address, with all other like empowered.

SIGNATURE:

561-241-3621