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

## **DOCUMENT #**

F98000007079

SIGNATURE:

GIVAUDAN ASSOCIATES, INCORPORATED



## **FILED** Jan 31, 2003 8:00 am Secretary of State 01-31-2003 90133 019 \*\*\*150.00

2942 SE FAIRWAY W. STUART FL 34997		Mailing Address 2942 SE FAIRWAY W. STUART FL 34997					
2. Principal Place of Business		3. Mailing Address				. <b>  18</b>       1 <b>9 </b>      18      1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4.	FEI Number 13-1573592 Applied F		oplied For ot Applicable
Zip	Country Zip		Country 5.		. Certificate of Status Desired   \$8.75 Additing Fee Required		ditional
	-6, -Name and Address of Currer	t Registered Agent		7. 1	Name and Address of New Registered	Agent	
2942 SE I	N, BEN T III FAIRWAY W.		Name Street Add	Name Street Address (P.O. Box Number is Not Acceptable)			
STUART F	FL 34997		City		FI	Zip Cod	e
	ions of registered agent.		s registered office or re		ent, or both, in the State of Florida. I am	familiar with,	and accept
After Make Check	ILE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Florida Department	of State			Election Campaign Financing     Trust Fund Contribution.	Ll Added	May Be I to Fees
10. r	OFFICERS AN	<u> </u>	11.	AL	DITIONS/CHANGES TO OFFICERS AN		
NAME STREET ADDRESS CITY-ST-ZIP	GIVAUDAN, BEN T JR STATE RD 22 BREWSTER NY 10509	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GIVAUDAN, BEN T III 2942 SE FAIRWAY W. STUART FL 34997	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GIVAUDAN, TRINA F 2942 SE FAIRWAY W. STUART FL 34997	Delete -	TITLE '				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			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
of the cor	on this report or supplemental report	is true and accurate and that i powered to execute this report	my signature shall hav as required by Chapt	re the same I	119.07(3)(i), Florida Statutes. I further ce egal effect as if made under oath; that I da Statutes; and that my name appears	am an officer	or director 1