2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UN	LIFOF	RM BUSINE	ESS	REPOR	T (UBR	()		Jan 21, 200		
DOCU 1. Entity Na R.M. JOI	95		•			Secretary of State 01-21-2003 90097 040 ***150.00					
		5000# (120, 1140.				1					
Principal Pla 2580 NW 28 BOCA RATO		ss	2580	ing Address D NW 28TH ST CA RATON FL 33434		J			T TO BANK TO CAN BOWN BURN HAR TO PAUCE BURN BURN BRICK		EIX BIBIK GABAK KOBA
· _'	Place of Busi		3. Ma	ailing Address	• • •			Ì			
Suite, Apt		IOLA ROOD	911	219 ite, Apt. #, etc.	OSC	EDLA	ROAD				
				•					☐ CHECK HERE IF MAKI	NG CHANG	ES
City & State Belleane FL			City & State BELULAIR FL					4. FE! Number 59-2256830 Applied For			
Zip 33 7	75h	Country NSA	Zip	33756	Coun	try USA	_	5 . Ce	ertificate of Status Desired	\$8.75	Not Applicable Additional
<u> </u>	6. Name	e and Address of Current	Register		g Table 1			~7.⁻Na	ime and Address of New Registere	Fee Req	
						Name				<u>u rigent</u>	
JOHNS, R.M.						Street A	ddress (P	P.O. Box	Number is Not Acceptable)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2580 N.W. 28TH ST. BOCA RATON FL 33434											
BUCA HA											
t						City			F	Zip C	ode
8. The above	e named entit	y submits this statement for	the pur	cose of changing its	registere	ed office o	r registere	ed agen	it, or both, in the State of Florida. I ar	m familiar w	ith, and accept
⊪ trie obliga	tions of regis	tereo agent.									
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if an	plicable (NOTE-	Ragistaro	d Agent signat	ura raquirad s	uhan rojan	Hoting		j
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· riogisterer		are required y	WHOIITEINS	DATE	———	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00									9. Election Campaign Financing	_ \$5	5.00 May Be
Make Chec	k Payable to	o Florida Department of	State					}	Trust Fund Contribution.	☐ Add	ded to Fees
10.	1	OFFICERS AND (DIRECTO	DRS	11.			ADDI	TIONS/CHANGES TO OFFICERS AN	ND DIRECTO	ORS IN 11
TITLE NAME	PD Johns, R	M		☐ Delete	TITLE					X Chang	ge 🔲 Addition
STREET ADDRESS	2580 NW				NAME STREE	: Et address	219	05/	PALA ROMD		
CITY-ST-ZIP	BOCA RA	TON FL 33434				ST-ZIP	Beu	LAIR	EOLA ROMD FLA 33766		
TITLE	STD			☐ Delete	TITLE		•			Chang	e 🗌 Addition
NAME STREET ADDRESS	JOHNS, D 2580 NW	EBRA B.			NAME	T ADDRESS	2.4	0000	, 	·	Ì
CITY-ST-ZIP		TON FL 33434				ST-ZIP	Reile	USCE DIA	ioca Road FL 33756		
TITLE			, 	Delete -	-TITLE		~ :	~~ ,	37.30	Chano	e
NAME STREET ADDRESS					NAME		!			_ "	
CITY-ST-ZIP						T ADDRESS ST-ZIP					
TITLE				□ Delete	TITLE		-			☐ Change	e
NAME					NAME					Onlange	, Li vodinon
STREET ADDRESS CITY-ST-ZIP						T ADDRESS					
TITLE			· <u>-</u> ·		╅—	ST-ZIP					
NAME				☐ Delete	TITLE					☐ Change	e 🗌 Addition
STREET ADDRESS	ı.				4	T ADDRESS					
CITY-ST-ZIP					CITY-9	T_7IP					I

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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered dexecute this export 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 powered.

STREET ADDRESS

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Day

Date

Daytime Phone #

Change

Addition