2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

G71792 DOCUMENT

1. Entity Name



FILED Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90137 002 ***150.00

	STUDIO, II	10 .										
Principal Pla C/O DAVID 1308 PAR VI SANIBEL FL	IEW DR.	Mailing Address C/O DAVID B. STARK 1308 PAR VIEW DR SANIBEL FL 33957 US										
2. Principal	Place of Busin	ness	3. Mailing Ad	dress	_	<u> </u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			- 619 0	
	06 Ros	Suite, Apt. 10606		ont	Ct		☑ СНЕСК НЕЯ	RE IF MAKING	G CHANGES	3		
	MYerş	FL	City & State	Myers	, F.	l	4.	FEI Number 59-23510	75		Applied For Not Applicable	7
Zip 33908		Country	Zip 33908	_	Cour	itry	5.	Certificate of Status Desired	d 🔲	\$8.75 Ac	dditional	1
6. Name and Address of Current Registered Agent							7.	Name and Address of Nev	v Registered	Agent		1
Stark, d 1308 paf	DAVID B. RVIEW DR.							Box Number is Not Accepta	ble)	-		1
SANIBEL FL 33957						1.0806	<u> </u>	semont_ct				1
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the obliga	e named entity itions of registe	v submits this statement fo ered agent.	r the purpose of c		registere	ed office or regist	tered aç	gent, or both, in the State of	Florida. I am	familiar with	, and accept	
SIGNATURE	Signature, typed o	or printed name of registered agent	and title if applicable.	(NOTE	: Registere	d Agent signature requi	red when r	rainstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign		\$5.0	00 May Be	-
Make Check	k Pavable to		State					Trust Fund Contribu		Adde	d to Fees	
	k Payable to	Florida Department of	1		1 44				tion.	∟ Adde	d to Fees	
10.			DIRECTORS		11.		ΑC	Trust Fund Contribu	tion.	Adde	d to Fees	
	PTD STARK, DA	Florida Department of OFFICERS AND	DIRECTORS	Delete	TITLE		ΑŒ		tion.	∟ Adde	d to Fees	(60/0
10.	PTD Stark, Da 1308 Parv	OFFICERS AND VID B NEW DR.	DIRECTORS	Delete	TITLE		*	DDITIONS/CHANGES TO O	FFICERS AND	Adde	d to Fees	(10/05)
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CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 with an address, with all other like empowered.

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

TIME RECOURSED STANK SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition