2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H35082



FILED
Mar 11, 2003 8:00 am
Secretary of State

1. Entity Na W. J. TR	me EMBLAY,	P.A.						03-11-2003 90130	040 ***150	0.00	
Principal Pla 1801 S FEDE SUITE 219 DELRAY BEA		s	1801 Suite	Mailing Address 1801 S FEDERAL HWY SUITE 219 DELRAY BEACH FL 33483							
2. Principal	Place of Busin	ness	3. Ma	3. Mailing Address						B	
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4. 1	FEI Number 59-2459472	⊢	pplied For ot Applicable	
Zip Country			Zip	ip Country		,	5. (Certificate of Status Desired	\$8.75 Ad	ditional	٦
6. Name and Address of Current Ro				stered Agent			7. 1	7. Name and Address of New Registered Agent			
						Name		1	o Agent	.	1
TREMBLAY, W.J. 350 S.W. 27TH AVE.				Street Address			(P.O. B	P.O. Box Number is Not Acceptable)			
DELRAY 6	3445						•		7		
						City					7
8. The above the obliga	e named entity ations of regist	submits this statemered agent.	ent for the purp	ose of changing its	registered	office or registe	red age	ent, or both, in the State of Florida. I a	m familiar with,	and accept	1
SIGNATURE		or printed name of registered	d agent and title if app	dicable. (NOTE	: Registered A	gent signature required	d when re	einstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
10.		OFFICERS	AND DIRECTO	RS	11.			I DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	C IN 11	4
TITLE NAME	PTSD TREMBLAY			☐ Delete	TITLE	-	7.0	BINGING OF WINDERS TO OFF TOLERS A	☐ Change	Addition	18
STREET ADDRESS CITY-ST-ZIP	350 S.W. 2 DELRAY BE	7TH AVE				ADDRESS - ZIP					
TITLE NAME	}			☐ Delete	TITLE NAME				☐ Change	Addition	18
STREET ADDRESS					STREET A	NODRESS				,	
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TITLE NAME				☐ Delete	TITLE				☐ Change	Addition	1
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TITLE NAME				☐ Delete	TITLE				Change	Addition	
STREET ADDRESS					NAME STREET A	DDRESS					
CITY-ST-ZIP	<u> </u>				CITY-ST-						

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 with an address, with all other like empowered.

SIGNATURE: