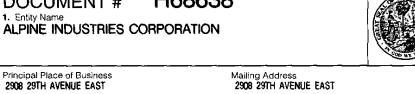
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## H68638

**DOCUMENT #** 



**FILED** May 02, 2003 8:00 am Secretary of State

05-02-2003 90258 018 \*\*\*150.00

Principal Plac 2908 29TH AV BRADENTON		Mailing Address 2908 29TH AVENUE EAST BRADENTON FL 34208	2908 29TH AVENUE EAST					
				·				
Principal Place of Business					- 	1011 11011 11011	aidh bhan 1861	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & Stat	е	City & State		<del></del> -	4. FEI Number 59-2588659 Applied For Not Applicable			
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Ad	ditional	
<u>~~~~~</u>	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered		*=	
	<del></del>	<u> </u>	Na	ame				
VOGLER II, EDWARD 802-11TH STREET WEST			St	Street Address (P.O. Box Number is Not Acceptable)				
BRADENTON FL 33505								
			Ci	ty	FL	Zip Cod	le	
	named entity submits this statement for	or the purpose of changing its	registered of	fice or registere	ed agent, or both, in the State of Florida. I am	familiar with,	and accept	
SIGNATURE .	٠,							
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E; Registered Ager	nt signature required	when reinstating) 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.		00 May Be d to Fees	
10.	OFFICERS AND	<del></del>	11,	, , , , , , , , , , , , , , , , , , ,	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE	P	☐ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS	BROEMEL, HANS 8118 TIMBER LAKE LANE		NAME STREET ADD	ORESS			}	
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZI					
THTLE NAME	S Broemel, Monica	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS	8118 TIMBER LAKE LANE	•	STREET ADD	DRESS				
CITY-ST-ZIP	SARASOTA FL.		CITY-ST-ZI	IP		====		
TITLE Name	Agree .	☐ Delete	, TITLE NAME			Change	Addition	
STREET ADDRESS			STREET ADE	DRESS				
CITY-ST-ZIP			CITY-ST-ZI	IP				
TITLE NAME		☐ Delete	TITLE NAME			Change	Addition (	
STREET ADDRESS			STREET ADD	i			ľ	
CITY-ST-ZIP			CITY-ST-ZI	IP				
TITLE NAME		☐ Delete	TITLE NAME	i		☐ Change	☐ Addition	
STREET ADDRESS			STREET ADD		•		j	
City-St-zip			CITY-ST-ZI	P			- Addition	
TITLE NAME		☐ Delete	TITLE NAME			Change ,	☐ Addition	

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 is 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.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

OR DIRECTOR

04-29-03

Date

941-749-1900

Daytime Phone #