## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

J59841 **DOCUMENT #** 

1. Entity Name MALE TREND OF FLORIDA INC.



FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90208 001 ***150.00

Making Address   State S OEAN BUD.   STUART FL 54996-6713   STUART									
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TOBACK, HARVEY D 3744 S.E. OCEAN BOULEVARD STUART FL 34996-6713  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORIS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORIS IN 11  ITIE  MAKE  TOBACK, HARVEY D  SITELE ADDRESS  CITY-S1-2P  TOBACK, HARVEY D  Delde  TITLE  MAKE  STREET ADDRESS  CITY-S1-2P  TITLE  TITLE  MAKE  STREET ADDRESS  CITY-S	Zip	* Country	- ·Zip· :	Count	jt	-5Certificate of Status Desired			
STREET ADDRESS STORM SOULEVARD STUART FL 34996-6713    City   FL   Zip Code	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
STUART FL. 34996-6713  STUART FL. 34996-6713  City FL Zip Code  Ci	TODAON HARWEN B				Name				
S. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SignaTure   Signature, transport of product rame of registered agent agent and site if appricable. (MOTE: Registered Agent signature required when reinvaling)   DATE	-			Street Address (		P.O. Box Number is Not Acceptable)			
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signalus, synet or princed name of registered agent and stire il applicable.				,					
SIGNATURE    Signature, Typed or printed name of registered agent and tills if applicable.   (NOTE: Registered Agent signature required when reinfolding)   DATE		•			City		FL Zip Cod	e	
Signature, typed or printed ramper of registered apper and tille if applicable.   (PLOTE: Registered Appert 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  10.	SIGNATURE								
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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 trusted 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:

772-220-1454