2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

10504 SOUTH U.S. HIGHWAY 1

PORT ST. LUCIE FL 34952

K01291 DOCUMENT

1. Entity Name

Principal Place of Business

PORT ST. LUCIE FL 34952

10504 SOUTH U.S. HIGHWAY 1

2. Principal Place of Business

LAWRENCE R. MEDOW, C.P.A., P.A.



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90479 032 ***150.00

11003419												
☐ CHECK HERE IF MAKING CHA	NGES											
. FEI Number 65-0011332	Applied For Not Applicable											
i. Certificate of Status Desired \$8.75 Additions Fee Required												
Name and Address of New Registered Agent												
. Box Number is Not Acceptable)												
FL Z	ip Code											
agent, or both, in the State of Florida. I am familiar with, and accept												
n reinstating) DATE												
9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees											
ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 11											
	Change											
	Change Addition											
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Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES									
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Zip	Zip Country Zip			Zip Country				5. (Dertificate of	Status i	Desired					ditional
						7: Name and Address of New I						-4				
6: Name and Address of Current Registered Agent								- (:- K	lame and Al	ooress	or New	Regi	sterea	Agent	<u> </u>	
						Name				,						
MEDOW, LAWRENCE						Street Ac	dress (F	20. B	ox Number is	s Not Ad	ceptat	ole)				
10504 SO	uth feder	ral hwy									·					
PORT ST. LUCIE FL 34952																
·					City				•	•		Fl	Zi _i	p Cod	е	
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.												and accept				
SIGNATURE																
	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE: F	Registered	d Agent signatu	re required	when re	instating)				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. Electi Trust	on Carr Fund C						0 May Be I to Fees	
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12. I hereby o	ertify that the	information supplied with	this filing	does not qualify for th	ne exer	nption state	ed in Sec	ction 1	119.07(3)(i), I	Florida	Statutes	s. I fur	ther ce	ertify tha	t the ir	nformation

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: