

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90896 001 *****8.75
 05-05-2003 90896 002 ***150.00

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

DOCUMENT #K10546

1. Entity Name
LOCATIONS EXTRAORDINAIRE, INC.



55037368

Principal Place of Business
 % VERNA SHORE
 6794 GIRALDA CIRCLE
 BOCA RATON, FL 33433

Mailing Address
 % VERNA SHORE
 6794 GIRALDA CIRCLE
 BOCA RATON, FL 33433

2. Principal Place of Business

6794 GIRALDA CIRCLE
 Suite, Apt. #, etc.

3. Mailing Address

6794 GIRALDA CIRCLE
 Suite, Apt. #, etc.

City & State

BOCA RATON FLORIDA
 Zip Country
 33433 USA

City & State

BOCA RATON FLORIDA
 Zip Country
 33433 USA

4. FEI Number 65-0022058

Applied For
 Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SHORE, VERNA
 6794 GIRALDA CIRCLE
 BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name VERNA SHORE
 Street Address (P.O. Box Number is Not Acceptable)
 6794 GIRALDA CIRCLE
 Boca RATON
 City FL Zip Code 33433

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

Signature, typed or printed name of registered agent and title if applicable

Name Registered Agent Signature, typed or printed name and title

Date

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
DP	SHORE, VERNA	6794 GIRALDA CIRCLE	BOCA RATON, FL	
VIC PRESIDENT	BRIAN CORBIN	3000 HOLIDAY SPANIS DAWN APT 801	FT LAUDERDALE, FL 33316	
SECRETARY	ANITA BLACK	317 HENDRICKS ISLE APT 3	FT LAUDERDALE, FL 33301	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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:

VERNA SHORE
 VERNA SHORE
 APR 29/2003 5614875060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digital Photo

CORRECTION (10/02)