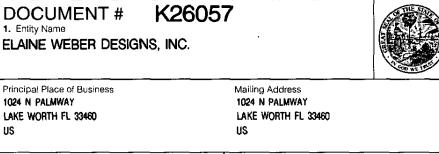
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

**DOCUMENT#** 



## **FILED** Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90189 029 \*\*\*150.00

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Principal Place of Business 1024 N PALMWAY LAKE WORTH FL 33460 US			Mailing Address 1024 N PALMWAY LAKE WORTH FL 33460 US								
2. Principal F	Place of Busin	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
City & State			City & State				4.			Applied Not App	
Zip	Zip Country			Zip Coun			5. Certificate of Status Desired See Required Fee Required			,	
	6. Name	and Address of Current R	egistered Age	nt			7. 1	Name and Address of New Register	ed Agent		
	<del></del> .	· · · · · · · · · · · · · · · · · · ·				Name					
WEBER, ELAINE 1024 N PALM WAY						Street Address (P.O. Box Number is Not Acceptable)					
SUITE #104											
LAKE WORTH FL 33460						City	· <del>- ·</del>	F	Zip	Code	
Afte	Signature, typed	or printed name of registered agent and ! FEE IS \$150.00 03 Fee will be \$550.00 0 Florida Department of	d title if applicable.	(NOTE		d Agent signature red	uired when re	9. Election Campaign Financing Trust Fund Contribution.	_ \$	5.00 Ma	
10.		OFFICERS AND D	IRECTORS		11.		AD	DITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 1	1
TITLE NAME STREET ADDRESS GITY-ST-ZIP	DP WEBER, E 1024 N. P LAKE WO	LAINE ALMWAY		] Delete	TITLE NAM STRE				☐ Cha		Addition
NAME STREET ADDRESS CITY-ST-ZIP-	110	1) N		] Delete			· · · · · · · · · · · · · · · · · · ·	e e transmission of the species of	☐ Char	nge 🗆 /	Addition
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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 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

Addition