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

Mailing Address

P O BOX 292974

K47198

DOCUMENT #

Principal Place of Business

4450 S. UNIVERSITY DRIVE

TITLE

TITL F NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

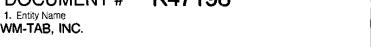
CITY-ST-ZIP

STREET ADDRESS

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05-05-2003 90707 033 ***150.00

May 05, 2003 8:00 am Secretary of State

| DAVIE FL 33328 | | FORT LAUDERD | FORT LAUDERDALE FL 33329 | | | | | | |
|---------------------------------------|---|----------------------|--------------------------|-----------------------|---|---|------------|--------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | City & State | City & State | | | 4. FEI Number 65-0083706 | | Applied For Not Applicable | |
| Zip | Country Zip Co | | Cou | ntry | | | \$8.75 | 8.75 Additional ee Required | |
| | 6. Name and Address of Curr | ent Registered Agent | nt Registered Agent | | 7. Name and Address of New Registered Agent | | | | |
| | <u> </u> | | | Name | | | | | |
| BIDNER, MAR 6262 SUNSET | | | Street Addre | | ess (P.O. Bo | x Number is Not Acceptable) | | | |
| PENTHOUSE | | | | ļ | | | | | |
| MIAMI FL 331 | 43 | | City | | | F | Zip Co | ode | |
| FILE After M | NOW!!! FEE IS \$150.00 ay 1, 2003 Fee will be \$550. | 00 | (NOTE: Register | ed Agent signature re | nguired when rein | 9. Election Campaign Financing Trust Fund Contribution. | \$5 | .00 May Be | |
| 10. | OFFICERS A | ND DIRECTORS | 11. | | ADE | NITIONS/CHANGES TO OFFICERS A | ND DIRECTO | RS IN 11 | |
| TITLE D NAME STREET ADDRESS 13 | RUMME, WILLIAM, JR. 60 S. OCEAN DR. IMPANO BEACH FL | [] O | NAP STF | ř | | | Chang | e 🔲 Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | [] Di | NAP STR | | | | ☐ Change | e | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | · | □ D | NAM STR | 7 | | ~ | Change | e | |
| TITLE | | □ D ₁ | elete TiTi | L. | | | ☐ Change | Addition | |

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 address, with all other like empowered.

SIGNATURE:

☐ Change

Change

Addition

☐ Addition