2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

20 'UN	03 FOR PROFI IFORM BUSINE	T CORPOR SS REPOR	ATI T (U	ON JBR)	FILED Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90156 032 ***150.00	
1. Entity Nam	MENT # K5556 0 DINGS, INC.	6				04-30-2003 90156 032 ***150.00	
Principal Place of Business 22773 PONDEROSA DRIVE BOCA RATON FL 33428 US		Mailing Address 22773 PONDEROSA DRIVE BOCA RATON FL 33428 US					
Principal Place of Business 22773 S. PONDEROSA DRIVE Suite, Apt. #, etc.		3. Mailing Address 22773 S. PONDEROSA DRIVE Suite, Apt. #, etc.			Έ	CHECK HERE IF MAKING CHANGES	
City & Stat	e ATON, FL 35428	City & State BOCA RATON, FL 33448				4. FEI Number 65-0100149 Applied For Not Applicable	
3 ^Z 428	Country U.S.	3 ^Z 3428	Count U.S	try		5. Certificate of Status Desired S8.75 Additional Fee Required	
···········	6. Name and Address of Current R	egistered Agent			\ 	7. Name and Address of New Registered Agent	
HENN, PETER J. 22773 PONDEROSA DRIVE BOCA RATON FL 33428				Name Henn, Peter J. Street Address (P.O. Box Number is Not Acceptable) 22773 S.: PONDEROSA DRIVE			
8. The above the obligat	named entity submits this statement for ions of registered agent. Signature, types or printed hame of registered agent an		L	ed office or	registere	con, FL FL 33428 ad agent, or both, in the State of Florida. I am familiar with, and accept when reinstating) DATE	
Afte	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10	OFFICERS AND D	IRECTORS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HENN, PETER J. 22773 PONDEROSA DRIVE BOCA RATON FL	▼ elete		ET ADDRESS	22773	PETER J. S. PONDEROSA DRIVE PATEON NI 33438	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete			DUGA-	RATON, FL:33428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, .	☐ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE			☐ Change ☐ Addition	
indicated of the cor	on this report or supplemental report is t	rue and accurate and that need to execute this report	ny signati as requir	u r e shall h	ave the sa	tion 119.07(3)(i), Florida Statutes. I further certify that the information ame legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 10 or Block 11 if	

SIGNATURE:

SI 3N TO SE PUBLICATION OF DIRECTOR SIGNATURE AND TYPED OR MATERIAL OF MATERIAL OF MATERIAL OF DIRECTOR

772-778-018U

Date