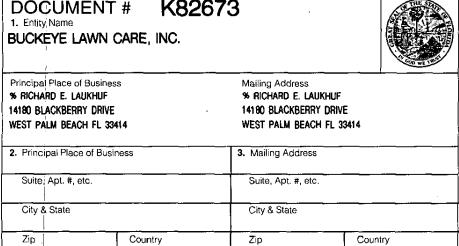
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

K82673 **DOCUMENT #**



FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90202 021 ***150.00

₽



2. Principal Place of Business		3. Mailing Address	3. Mailing Address			(1800) H 407 (BITE MEAN ATHLE 1800) HH SIBH SIGH BIGH BIGH BIBH SIBH TER			
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State			4. FEI Number NOT APPLICABLE Applied For Not Applicable			
Zip .	Country	Zip	Country	Country		Certificate of Status Desired	\$8.75 Add		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name					
Laukhuf, Ri	CHARD E.		Stroot Address	treet Address (P.O. Box Number is Not Acceptable)					
14180 BLACK	(Berry Drive	•				area (1.0. Day million to rate recognition)			
WEST PALM	BEACH FL 33414								
411	3								
			City			F	Zip Cod	e	
the obligations	med entity submits this statement s of registered agent.			office or regist		ent, or both, in the State of Florida. Landscape (Provide of Florida) DAI		and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financing Trust Fund Contribution.		O May Be	
10.		D DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
STREET ADDRESS 14	UKHUF, RICHARD E 180 BLACKBERRY DR. EST PALM BEACH FL 33414	☐ Delete	TITLE NAME STREET A				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST		,		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	The second secon	Dêlete -	NAME STREET A CITY-ST			The second secon	☐ Change	□-Addition -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET A	1			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET A	1			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME	ADDRESS			☐ Change	Addition	

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 a fladdress, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP