

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

DOCUMENT # K97168



Mailing Address
319 HIBISCUS STREET
WEST PALM BEACH FL 33401
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

4. FEI Number **59-2840916**

| |
|----------------|
| Applied For |
| Not Applicable |

5. Certificate of Status Desired... ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2003. Fee will be \$550.00

Make Check Payable to Florida Department of State

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 | P | <input type="checkbox"/> Delete |
| NAME | BARFIELD, DONNA S | |
| STREET ADDRESS | 319 HIBISCUS STREET | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | |

| | |
|-----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| NAME | |
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| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|---------------------------------|-----------------------------------|
|-------|---------------------------------|-----------------------------------|

NAME _____
 STREET ADDRESS _____
 CITY - ST - ZIP _____

| | | |
|----------------|---------------------------------|-----------------------------------|
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|---------------------------------|-----------------------------------|
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

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|-----------------|---------------------------------|-----------------------------------|
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

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.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03 561-650-8139

CR2E034 (10/02)