2001 UNIFORM BUSINESS REPORT (UBR)			
DOCUMENT # L00000005860			Ett Pro
3725 S.E. Federal Hwy, LI	LC .	A CONTRACTOR OF THE PROPERTY O	F1LED : 01 AUG 24 PM 12: 17
Principal Place of Business	Mailing Address		·
701 U.S. Highway One, Su North Palm Beach, FL 33	uite 402 3408		SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Place of Business	ipal Place of Business 3. Mailing Address		
Suite, Apt. #, etc.	! · Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State-	City & State		4. FEI Number Applied For Not Applicable
Zip Country	Zip .	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of Current	t Registered Agent	Name	7. Name and Address of New Registered Agent
Smith, Lawrence W. 701 U. S. Highway One		 	s (P.O. Box Number is Not Acceptable)
Suite 402 North Palm Beach, FL 33408		City	FL Zip Code
8. The above named submits this statement for the purpose of the p			
SIGNATURE Signature, typr  Signature, typr  Jolicanie (Mollowing id Agent signature required when reinstating)  Date			
	FILE NO	WIII-FEE IS \$50.00	0
<u> </u>	Make Check Paya	able to Department	of State
9. MANAGING MEME		10.	ADDITIONS/CHANGES
NAME ALBRECHT, GEORGE	NAME ALBRECHT, GEORGE T. STREET ADDRESS 394 Washington St., Rte 128 STREET		Change
TITLE	☐ Delete	. TITLE	
NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	7000045625871 -08/29/0101088017 ******50.00_******50.00
NAME . NAM STREET ADDRESS . STR		TITLE NAME. — STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADCRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CATY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
11. 1 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED TOME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Devicine Phone #			