## **2001 UNIFORM BUSINESS REPORT (UBR)**

Pirrocipal Piscs of Supiness TWO STONE HARBOUR DRIVE #1 LAKE WORTH FL 33467  2. Pirrolpal Piscs of Supiness Suite, Apt. #, etc.  City & State	Principial Plaza of Business 7749 STONE HARBOUR DRIVE #1 LAKE WORTH R. 33467  2. Principial Plaza of Business Suite Apt. #. ottc.  2. Principial Plaza of Business Suite Apt. #. ottc.  2. Principial Plaza of Business Suite Apt. #. ottc.  2. Principial Plaza of Business Suite Apt. #. ottc.  2. Principial Plaza of Business Suite Apt. #. ottc.  2. Principial Plaza of Business Suite Apt. #. ottc.  2. Principial Plaza of Business Suite Apt. #. ottc.  2. Principial Plaza of Business Suite Apt. #. ottc.  2. Principial Plaza of Business Suite Apt. #. ottc.  2. Principial Plaza of Business Suite Apt. #. ottc.  2. Principial Plaza of Business Suite Apt. #. ottc.  2. Principial Plaza of Business Suite Apt. #. ottc.  2. Principial Plaza of Business Suite Apt. #. ottc.  2. Principial Plaza of Business Suite Apt. #. ottc.  2. Principial Plaza of Business Suite Apt. #. ottc.  2. Principial Plaza of Business Suite Apt. #. ottc.  3. Mailing Address City & State  4. FEI Number  5. Conflictate of Status Desired FRA Application FRA Required Fra Requi	1. Entity Nar	· · · · · · · · · · · · · · · · · · ·	00009760		FILED	
LAKE WORTH FL 33467  LAKE WORT	LAKE WORTH FL 33467  2. Principal Place of Business  Suite, Apr. 4, etc.  Suite, Apr. 4, etc.  Suite, Apr. 4, etc.  Suite, Apr. 4, etc.  City & State  Singer Address of State  Singer Address of New Registered Agent  Name  Name  Name  Name  Name and Address of New Registered Agent  Name  Singer Address (P.C. Box Number is Not Acceptable)  True shows named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Singer Address (P.C. Box Number is Not Acceptable)  True shows named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Singer Address (P.C. Box Number is Not Acceptable)  True shows named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Singer Address (P.C. Box Number is Not Acceptable)  True shows named only submits agent and show registered agent, or both, in the State of Florida.  Singer Address (P.C. Box Number is Not Acceptable)  Make Check Payable for Department of State  Note of Payable for Payable for State  Note of Payable for Payable for Payable for State  Note of Payable for Payable					01 MAR 28 .PM 2: 10	
2. Princeal Pace of Business  Suite, April #, etc.  Suite, April #, etc.  Suite, April #, etc.  City & State  City & State  City & State  City & State  Country  S. Conflictation of Status Decided  F. Horne and Address of Current Registered Agant  7. Name and Address of New Registered Agant  SMITH, PAUL W  7740 STONE HARBOUR DRIVE #1  LAKE WORTH FL 33467  Sincer Address of Pool on the Pace of Country  Sincer Address of Pool on the State of Fool on	2. Principal Place of Business  Suite, Act. #, etc.  Suite, Act. #, etc.  Suite, Act. #, etc.  City & State  City	7740 STONE	HARBOUR DRIVE #1	7740 STONE HARBOUR	DRIVE #1	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Piece of Business  Suite, Apt. 4. etc.  Suite, Apt. 4. etc.  City & State  Swith, PAUL W  7740 STONE HARROUR DRIVE #1  LAKE WORTH F1 33467  City FL  Cit	2. Principal Place of Business 3. Mailing Address Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & State  City & S	2.1.2.170111		DINE WORTH TE GOTO		) (BANGAN AN BANG BANG BANG BANG BANG BANG	
City & State  Country  Country  Country  S. Conflictate of Status Desired  \$5.00 Additional  Faceplicated  For Populated Agent  Name	City & State  Country  2p  Country  5. Cortificate of State Desired  5. Name and Address of Current Registered Agent  7. Name and Address of Name Registered Agent  Name	2. Principal f	Place of Business	3. Mailing Address			
Zip Country Zip Country 5. Control Salaus Desired \$5.00 Additional February \$5.00 Additional Feb	Zp Country Zp Country S. Certificate of Status Desired S.00 Additional Production S.00 Additional Prod	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
### Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Additional Fee Required Rep Required   Fee Required   F	SMITH, PAUL W T740 STONE HARBOUR DRIVE #1 LAKE WORTH FL 33467  SIGNATURE  BY MAINAGING MEMBERS /	City & Star	te	City & State		4. FEI Number (25 - 10 3 11 3 4) Applied For	
SMITH, PAUL W 7740 STONE HARBOUR DRIVE #1 LAKE WORTH FL 33467  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.  SIGNATURE  Signar spend or privationar or registered with a septration.  MANAGING MEMBERS / Delete Phylic W. Shirth Stylesprises Agent with a septration.  MANAGING MEMBERS / Delete Phylic W. Shirth Stylesprises Agent with a septration.  MANAGING MEMBERS / Delete Phylic W. Shirth Stylesprises.  MANAGING MEMBERS / Delete Phylic W. Shirth Monaging Members / Delete Phylic W. Shirth Me	SMITH, PAUL W 7740 STONE HARBOUR DRIVE #1 LAKE WORTH FL 33467  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Frontia.  SIGNATURE  Syman typed or primed rare of registered agent and affectives.  PAUL W 7740 STAPPE HARBOUR DRIVE #1 LAKE WORTH FL 33467  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Frontia.  SIGNATURE  Syman typed or primed rare of registered agent and affectives.  PAUL W 5 IN THE STATE PRIMED STATE TO Be the PAUL W 5 IN THE STATE PRIMED STATE.  PAUL W 5 IN THE STATE PRIMED STATE	Zip	Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional	
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Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	SMITH P	oaiii-w ::		Name		
B. 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.  SIGNATURE    Signature   True	B. 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.  SIGNATURE    Signam, types or prised name or segretated agent and sile if applicable. (NOTE Registered Agent signatum required when remitted to prised.)    Make Check Payable to Department of State	7740 ST	ONE HARBOUR DRIVE #1		Street Addres	Street Address (P.O. Box Number is Not Acceptable)	
B. 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.    Signature   Signa	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.  SIGNATURE    Signature, hyper or printed name of impotened agent and bits if approaches. (NOTE Registered Agent sognature required when remotalize).   DATE    PORT   POR	LAKE WORTH FL 33467			City		
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