FILED Jul 03, 2003 8:00 am Secretary of State 05-05-2003 90690 005 ****50.00

DOCU 1. Entity North	MENT # L0200003	4585	W.S.A.		30030 000
	DØ NØTAWRITE	15 The 15	PACE	44005251	
2. Principal Place of Business 1245 COURT STREET		Suite, Apt. #, etc.		DO NOT WRITE	E IN THIS SPACE
City & Stat		FEY & State 33756		4. FEI Number 11/A	Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	Not Applicable
		4.0	Name:	7. Name and Address of Current F	
	DØ NOT W ZIN THIS SF	AGE	Street Address	AN S GASSMAN PO Box Number is Not Acceptable) 245 COURT STREET SL AVER FILE SCORE EARWATER	FL 20033756
the obligat	named entity submits this statement to ions of positioned agent. Signature, typed or printed name of legislated agent.	·	s registered office of register		da. I am lamillar with, and accept
		Matic Circa Para	FEE 18: \$50.003 No frio vide Department DUE BY MAY 1	nt of State	
O. g ITTLE . HAME STREEDADDRESS CITY-ST-ZIP	ALAN S. GASSMAN 1245 COURT STREE CLEARWATER, FL 3	N, MANAGER T SUITE 102	STATE OF STA		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TOTAL STATE OF THE		CREE
TRILE HAME STREET ADDRESS: CITY-ST-ZIP	. —		SPET AGREST	DO NOT V	
TITLE MAME STREET ADDRESS CITY-ST-ZIP			SPET ANDESS CITES FOR	INTHIS S	PAGE
TITLE MAME STREET ADDRESS CHTY-ST-ZIP	* et*		SEED ADDRESS		
TITLE HAME STREET ADDRESS CITY-ST-TIP			SHE'S ROOMS		
Inchesian r	ertily that the Information supplied with in this report is true and accurate and it silly company or the receiver or trustee	armpowered to execute this a	DA SAMO ISOSI ONAMI SE IL MO	ide under Oath; that I em a managing r 606, Florida Statutes.	ther certify that the information member or manager of the