2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L07764 **DOCUMENT #**

1. Entity Name



FILED Mar 10, 2003 8:00 am Secretary of State 03-10-2003 90729 032 ***150.00

6. Name and Address of Current Registered Agent KROSS, JONATHAN 2461 W HILLSBORO BLVD DEERFIELD BEACH FL 33442 City City FL Z 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 familiat 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	
Suite, Apt. #, etc. CHECK HERE IF MAKING CHACE City & State City & State 4, FEI Number 65-0183358	
City & State City & State City & State City & State Country C	
Zip Country Zip Country 5. Certificate of Status Desired \$8 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KROSS, JONATHAN 2461 W HILLSBORD BLVD DEERFIELD BEACH FL 33442 City FL Z 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familia the obligations 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 Delete ITILE Delete TILE CAMMONIC NINA COUNTRY 5. Certificate of Status Desired \$8 Fee For Payable to Status Desired Agent Agent Address (P.O. Box Number is Not Acceptable) City FL Z Name and Address of New Registered Agent (NOTE: Registered Agent, or both, in the State of Florida. I am familia (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 Delete ITILE Delete Delete	NGES
Country Zip Country Siph Country Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	Applied For
KROSS, JONATHAN 2461 W HILLSBORO BLVD DEERFIELD BEACH FL 33442 City City FL Signature, typed or printed name of registered agent and lattle if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TILE CAMBIACH CARRAIN A Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Z City FL Z City FL Z Street Address (P.O. Box Number is Not Acceptable) City FL Z Street Address (P.O. Box Number is Not Acceptable) City FL Z Street Address (P.O. Box Number is Not Acceptable) City FL Z Street Address (P.O. Box Number is Not Acceptable) City FL Z Street Address (P.O. Box Number is Not Acceptable) City FL Z Street Address (P.O. Box Number is Not Acceptable) City FL Z Street Address (P.O. Box Number is Not Acceptable) City FL Z Street Address (P.O. Box Number is Not Acceptable) City FL Z Street Address (P.O. Box Number is Not Acceptable) City FL Z Street Address (P.O. Box Number is Not Acceptable) City FL Z Street Address (P.O. Box Number is Not Acceptable) City FL Z Street Address (P.O. Box Number is Not Acceptable) City FL Z Street Address (P.O. Box Number is Not Acceptable) City FL Z Street Address (P.O. Box Number is Not Acceptable) City FL Z Street Address (P.O. Box Number is Not Acceptable) City FL Z ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TILE Control of City City FL Z ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TILE Control of City City FL Z ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TILE City City City FL Z City FL Z City FL Z ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TILE City City City FL Z City FL City FL City FL C	Not Applicable 5 Additional lequired
KROSS, JONATHAN 2461 W HILLSBORD BLVD DEERFIELD BEACH FL 33442 City City FL Z 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 familia 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) PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE Delete TITLE Delete TITLE Delete	•
Street Address (P.O. Box Number is Not Acceptable) DEERFIELD BEACH FL 33442 City FL Z 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 familia 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 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TILE CANADAGE ANNA	
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 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	
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 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	p Code
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE CAMPAGNIC AND COMPANY COMPA	\$5.00 May Be Added to Fees
TITLE D Delete TITLE CAMPAGES TO OFFICERS AND DIRECTOR OF THE CAMPAGES TO OFFICERS OF THE CAMPAGES TO OFFICERS OFFICERS OF THE CAMPAGES TO OFFICERS OFFICERS OF THE OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICE	
STREET ADDRESS CITY-ST-ZIP 16091 BLATT BLVD #101 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	
TITLE P Delete. TITLE NAME SAMMONS, DAVID A STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP OPERATOR OF THE COLUMN STREET ADDRESS CITY-ST-ZIP OPERATOR OF THE COLUMN STREET ADDRESS CITY-ST-ZIP OPERATOR OF THE COLUMN STREET ADDRESS CITY-ST-ZIP	ange Addition
TITLE Delete TITLE CHAME NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE CHAME CITY-ST-ZIP	ange
TITLE Delete TITLE CHAME NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE CHAME STREET ADDRESS CITY-ST-ZIP	ange Addition
TITLE Delete TITLE CHAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE CHAME	inge 🔲 Addition
TITLE IAME TREET ADDRESS ITY-ST-ZIP 2. Liberaby certify that the information supplied with this filling does not qualify for the supplied with this filling does not qualify for the supplied with this filling does not qualify for the supplied with the programme of the supplied with this filling does not qualify for the supplied with the supplied with this filling does not qualify for the supplied with the supplied with this filling does not qualify for the supplied with the supplied with this filling does not qualify for the supplied with the supplied with this filling does not qualify for the supplied with the supplied with this filling does not qualify for the supplied with the supplied with this filling does not qualify for the supplied with the supplied with this filling does not qualify for the supplied with the supplied with this filling does not qualify for the supplied with the supplied w	nge Addition

indicated on this report or supplier 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 LINE TOTAL SAMMONS