2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L38668

1. Entity Name

SIGNATURE:

DAVID L. PERRY, JR., P.A.



FILED Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90390 004 ***150.00

56/8932000

Principal Plac Lakev st Palm	e of Business iew Avenue, S. 1000 n Beach, FL 33401-6	Mailing Address 2400 MEDINA WAY W PALM BCH FL 33401 148 US				
z rimcipar r	race or business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State	е	City & State		4. FEI Number 65-0170234 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
PERRY, DAVID L., JR. 222 Lakeview Avenue, S. 1000			Name Street Addres	Name Street Address (P.O. Box Number is Not Acceptable)		
222 La West I	keview Avenue, S. Palm Beach, FL 334	01-6148	City	FL Zip Code		
8. The above the obligat		or the purpose of changing its	registered office or regis	gistered agent, or both, in the State of Florida. I am familiar with, and accept quired when reinstating)		
After Make Check	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
TITLE	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME Street Address City-St-Zip	PERRY, DAVID L., JR.** 2400 MEDINA WAY W PALM BCH FL 33401	□ Delete	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 Address City-St-Zip		☐ Delete	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 ADDRESS CITY-ST-ZIP		☐ Delete	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		
indicated of the corp	on this report or supplemental report i	s true and accurate and that mo owered to execute this report a	y signature shall have th	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if		