Geod II is SELUNEL, IN-0.1 Fail 04-25-2001 90094 036 ***1 50:00 Principal Pace of Buenoss Mailing Address Suffer Age JUTTER PL SSR8 Suffer Age Age JUTTER PL SSR8 Suffer Age Age Suffer Age Age Suffer Age Age Suffer Age Age Suffer Age Age Suffer Age Age Suffer Age Age Age Suffer Age Age City & State City & State City & State City & State City & State City & State First Boundary Zite Age Age Age Suffer Age Age Age Suffer Age Age Age Suffer Age Age Age Age Suffer Age	2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L43753							FILED Apr 25, 2001 8:00 am Secretary of State				
ps S. DD DOE HWY TO S SUPPORT IN THE SACE WY SACE HWY HWY SACE HWY SACE HWY SACE HWY SACE HWY SACE HWY SACE HW	,		R, M.D., P.A.	پ								
Suite, Apr. 4, etc. DO NOT Write its THIS SINACH City & State C by & State C by & State A FEI Norther A FEI Norther A Applicate for Not App	004 S. OLD Dixi Uite 204 Upiter FL 3345 S	ie hwy 8		1004 S. OLD DIXIE HWY 204 JUPITER FL 33458 US	1004 S. OLD DIXIE HWY 204 JUPITER FL 33458 US 3. Mailing Address							
City & State City & State 4. FEI Number 6. FEI Number Applied 5. Applied 5. Zip Country 5. Contingate of States Desired States Desire			ess									
Zip Country Zip Country S. Certificate of Status Desired Statement 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Files COPORTS SERVICES, INC. 11720 US HWY ONE, SUITE 300 SUITE 500 NORTH PALM BEACH FL 33408 Name Street Aggress (PG. Box Namber is Net Address of New Registered Agent File 6. The above named only submits the statement for the outpose of changing its registered diffec or registered agent, or both, in the State of Pontes. Street Aggress (PG. Box Namber is Net Address (PG. Box Namber is Net	· · · ·				• •							
								Not Applicable				
None None Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Z.p. Code 8. The above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Elorica. SIGNATURE Signature: type of grinder have in degress to gave or changing its registered office or registered agent, or both, in the State of Elorica. Signature: type of grinder have in degress to gave or changing its registered office or registered agent, or both, in the State of Elorica. Signature: type of grinder have in degress to gave or changing its registered office or registered agent, or both, in the State of Elorica. Signature: type of grinder have in degress to gave or changing its registered office or registered agent, or both, in the State of Elorica. INTE Colspan="2">Colspan="2"Colspan="2">Colspan="2"Colspan="2"Colspan="2"Colspan="2"Col		6. Name	and Address of Curre	ent Registered Agent					Fi	<u> </u>		
Street Address (P.O. Box Number is Net Address (P.O. Box					Na	ame						
DORTH PALM BEACH FL 33408 City FL Zp Code cliny FL Zp Code Zp Code Zp Code cliny FL Zp Code Zp Code Zp Code cliny FL Zp Code Zp Code Zp Code stress Stress control is stress of reactive streactive stress of reactive stress of reactive stres	11780) US HWY		Street Addr		reet Address (P	.O. Box Numbe	r is Not Acceptab	ble)			
Change Add SEDNER, SCOTT J. SETER JORKS SEDNER, SCOTT J. SETER JORKS SETER J					Ci	itv			EI	Zip Code		
SIGNATURE True toperation is eligible to satisfy its Intangole Tax filing requirement and elects to do so. (See orifierta on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Mate mAY 1, 2001 Fee will be \$550.00 Mate mAY 1, 2001 Fee will be \$550.00 Mate check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Br Added to Fees 11. OPFICERS AND DIPECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS IN 11 11. OPFICERS AND DIPECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS IN 11 11. OPFICERS AND DIPECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS IN 11 11. OPFICERS AND DIPECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS IN 11 11. OPFICERS AND DIPECTORS 12. AddIt 11. OPFICERS AND DIPECTORS 12. AddIt 11. OPFICERS AND DIPECTORS 11. Change AddIt 11. SITERT ADDRESS Delete 11. Change AddIt 11. SITERT ADDRESS Delete 11. Change AddIt 11. SITERT ADDRESS Delete 11. Change AddIt 11. Delete 11. THE					··			a la tha Ctota of I				
THE DPT Delate THE Change Addit NAME SEIDNER, SCOTT J. STRET ADDRESS OVAS OLD DIXIE HWY STRET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P Change Addit TITLE SEIDNER, SCOTT J. Delate TITLE NAME Change Addit STRET ADDRESS DUPTER FL 33458 TITLE NAME Change Addit STRET ADDRESS JUPTER FL 33458 TITLE NAME Change Addit STRET ADDRESS JUPTER FL 33458 TITLE NAME Change Addit STRET ADDRESS JUPTER FL 33458 TITLE NAME Change Addit STRET ADDRESS JUPTER FL 33458 TITLE NAME Change Addit STRET ADDRESS JUPTER FL 33458 TITLE NAME STRET ADDRESS CITY-ST-2P CITY-ST-2P TITLE NAME STRET ADDRESS STRET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2	(See criter		[Make Check Pay	able to Depar		e Tru	st Fund Contribut	tion.	Added	to Fees	
TITLE September Scott J. Delete TITLE NAME Change Addi STRET ADDRESS 1004 S OLD DIXIE HWY STRET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CAddi NAME STRET ADDRESS Delete TITLE NAME STRET ADDRESS CITY-ST-2P CAddi STRET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P Addi NAME STRET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P TITLE Delete TITLE NAME STRET ADDRESS CITY-ST-2P CITY-ST-2P <t< th=""><th>TITLE NAME STREET ADDRESS</th><th>SEIDNER, 1004S OL</th><th>, scott j. Ld dixie hwy</th><th></th><th>TITLE NAME STREET AD</th><th>1</th><th></th><th></th><th></th><th></th><th>Addition</th></t<>	TITLE NAME STREET ADDRESS	SEIDNER, 1004S OL	, scott j. Ld dixie hwy		TITLE NAME STREET AD	1					Addition	
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP Change TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE D	NAME STREET ADDRESS	S SEIDNER 1004 S C	, scott j. Ild dixie hwy	🛄 Delete	NAME Street ad					Change	Addition	
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE CITY-ST-ZIP TITLE Delete TITLE CITY-ST-ZIP TITLE Delete TITLE CITY-ST-ZIP TIT	NAME Street address			🗖 Delete	NAME STREET AU					Change	Addition	
NAME NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP Change Add NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE TITLE Delete TITLE Delete TITLE OITY-ST-ZIP TITLE TITLE Delete TITLE Delete TITLE Delete TITLE TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete <t< td=""><td>NAME STREET ADDRESS</td><td></td><td></td><td>Delete</td><td>NAME STREET AI</td><td></td><td></td><td></td><td></td><td>Change</td><td>Addition</td></t<>	NAME STREET ADDRESS			Delete	NAME STREET AI					Change	Addition	
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I 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 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 direct 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 11 or Block 1	NAME STREET ADDRESS			🗋 Delete	NAME STREET A					🛄 Change	Addition	
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Horida Statutes; and that my name appears in Biock 11 or Biock in chapter 607, Horida Statutes; and that my name appears in Biock 11 or Biock in chapter 607, Horida Statutes; and that my name appears in Biock 11 or Biock in chapter 607, Horida Statutes; and that my name appears in Biock 11 or Biock in chapter 607, Horida Statutes; and that my name appears in Biock 11 or Biock in chapter 607, Horida Statutes; and that my name appears in Biock 11 or Biock in chapter 607, Horida Statutes; and that my name appears in Biock 11 or Biock in chapter 607, Horida Statutes; and that my name appears in Biock 11 or Biock 11	NAME STREET ADDRESS			Delete	NAME STREET A					Change	Addition	
1 -743-870	1 of the co	progration or	the receiver or trustee.	empowered to execute this re-	port as required	ntion stated in Se e shall have the by Chapter 60	7, Horida Statut	es; and that my h	iame appears i	N BIOCK I I C	T BIOCK 12 II	
SIGNATURE: Land Jun is 4/19/01 Sol 113	SIGNA	TIIRE.	Arne	Jem_	- ~		4	+/19/01	581-1	743-0	9700	