## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR) L74240 DOCUMENT #

SIGNATURE:



MCCLAR	RY AND ASSOCIATES REAL	.TY, P.A.		03-21-2003 90120 04	7 ***150	.00
923-A 2ND S	ace of Business ST BEACH FL 33401	Mailing Address 1309 Australian C West Palm Beach Us				Dirii dirii 1021
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING	CHANGE!	S
City & State		City & State		4. FEI Number 59-1621825 Applied For		
Zip	Country	Zip	Country		\$8.75 Ac	Not Applicable dditional
	6. Name and Address of Current	t Registered Agent		7. Name and Address of New Registered	Fee Requir	ed
NOOLARY ACTION O			Name			
	Y, MELVIN C. COND ST		Street Address	s (P.O. Box Number is Not Acceptable)	<u> </u>	
WEST PA	LM BEACH FL 33401		- · · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
÷	ه چېږ		City	· FL	Zip Cod	de
8. The above the obliga	e named entity submits this statement for tions of registered agent.	or the purpose of changing	g its registered office or registr	ered agent, or both, in the State of Florida. I am f	amiliar with,	, and accept
SIGNATURE						
	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered Agent signature requin	ed when reinstating) DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State		9. Election Campaign Financing Trust Fund Contribution.	<b>\$5.0</b> Adde	00 May Be
10.	OFFICERS AND	1	11.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE NAME STREET ADORESS	DP MCCLARY, MELVIN C. 1309 AUSTRALIAN CT	Delete .	TITLE NAME STREET ADDRESS	ASSITIONS/CHANGES TO OFFICERS AND	☐ Change	Addition
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-SI-ZIP			
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-ZIR		☐ Change	☐ Addition
TIFLE 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 STY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
-£ 14	ertify that the information supplied with on this report or supplemental report is coration or the receiver or trustee empo- or on an attendment with an address w	and dooding and the	at the signature shall have the :	ection 119.07(3)(i), Florida Statutes. I further certif same legal effect as if made under oath; that I am , Florida Statutes; and that my pame appears in I	y that the in an officer of Block 10 or	formation or director Block 11 if