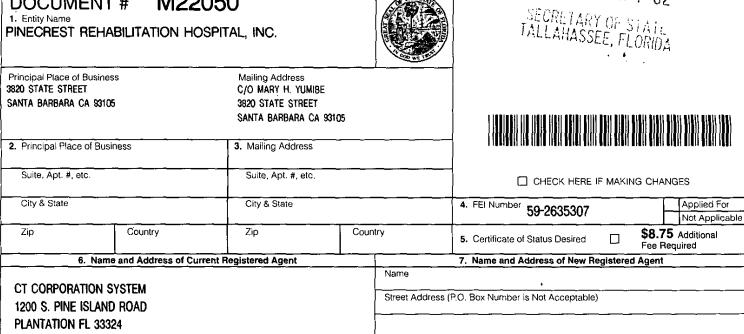
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

M22050 DOCUMENT



FILED 03 APR 17 PH 1: 02



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 with, and accept the obligations of registered agent.

City

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ■ Addition ECHELARD, PAUL D NAME NAME 400017840124 15360 Linton Blvd 05/01/03--01068--017 STREET ADDRESS STREET ADDRESS **150.00 CITY-ST-ZIP DELRAY FL 33484 CITY-ST-ZIP TITLE DS ☐ Delete ☐ Addition TITLE ☐ Change NAME SILVER, RICHARD B NAME STREET ADDRESS 3820 STATE STREET STREET ADDRESS SANTA BARBARA CA 93105 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME LARSEN, CAITLIN M NAME STREET ADDRESS 3820 STATE STREET STREET ADDRESS CITY-ST-ZIP SANTA BARBARA CA 93105 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DENT, DENNIS L NAME NAME STREET ADDRESS 3820 STATE STREET STREET ADDRESS SANTA BARBARA CA 93105 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 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:

CR2E034 (10/02