

FILED
Mar 20, 2003 8:00 am
Secretary of State

U412/b3 AV



Mailing Address
650 EMERALD WAY WEST
DEERFIELD BEACH FL 33442
US

[illegible]

3. Mailing Address

Suite, Apt. #, etc.

City & State

Applied For
Not Applicable

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

SIGNATURE			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	DATE

9: Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE _____ ☐ Change ☐ Addition
 NAME _____
 STREET ADDRESS _____
 CITY - ST - ZIP _____

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-03 954-481-1747

Date _____ Daytime Phone # _____

CR2E034 (10/02)