AMENDED

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

U	NIFORM BUSINE	FILE	_)							
DOCU		<b>1</b> 00	(							
1. Entity Nan	<del>-</del>				03 OCT -2 AI	4 8: 27				
BOOKE	APLOSION, INC.				SECKE TARY OF	N. G. L.				
					TALLAHASSEE,	FLORIDA				
	ce of Business	Mailing Address			(					
2039 WILTON DR.			05							
			4							
2. Principal F				11 <b>1)                                  </b>			1			
		J. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3. Mailing Address							
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number Applied F			For	1	
				59-2666072		Not App	plicable	]_		
Zip	Country	~-Zip	Country		5. Certificate of Status Desired		O Additions	al	Γ	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Ro				1	
KUBIATOW	/ICZ, JUDY L		Name							
775 N.E. 40	ITH ST. RDALE, FL 33334		Street A	Address (I	P.O. Box Number is Not Acceptable	)			1	
The modernate, the saves			}						1	
			City			FL Zip	Code		1	
9 The shows	named entity submits this statement for	the number of changing its re-		r register	ad agent or both in the State of Ele	<u> </u>		nacant.	-	
	tions of registered agent.	the barbose or changing his re	aRiorei e a anima a	register	ed agent, or both, in the State of Flor	iug, sain taininai	with, and a	accept		
SIGNATURE										
	Signature, typéd or printéd namé of jegistered agent a		angis magA berazigeR	ture required	when reinstating)	DATE				
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$61:25 Make Check Payable to Florida Department of State					9. Election Campaign Fina	incing :	\$5.00 Ma	ау Ве	}	
Make Check	- Amended UBR is \$61:26 Payable to Florida Department o	If State			Trust Fund Contribution		Added to Fe			
10.	OFFICERS AND	WEINGERSTOR .	11.		ADDITIONS/CHANGES TO OFFI		TORS IN 1	11		
TITLE	PT	🖾 Delete .	TITLE	RUE!	S/D Latowicz Judy L. N.E. 40th St Lauderdale, FL 33	X∑ Ch	ange 🗀	Addition	20/2	
NAME STREET ADDRESS	KUBIATOWICZ, MICHAEL E 775 NE 40TH ST. NE		NAME STREET ADDRESS	//5   Ft.	N.E. 40th St. Lauderdale, FL 33	334			E034 (10/02	
CITY-ST-ZP	FT. LAUDERDALE, FL 33334	· · · · · · · · · · · · · · · · · · ·	CITY-51-21P						Eog	
TITLE	S	☐ Delete	TITLE			□ Ch	ange 🔲	Addition	8	
NAME STREET ADDRESS	KUBIATOWICZ, JUDY L 775 NE 40TH ST. NE		NAME STREET ADDRESS							
CITY-ST-ZP	FT. LAUDERDALE, FL 33334		CITY-ST-21P							
TITLE	VP KUBIATOWICZ, MARK	🔼 : Delete	TITLE	·{		☐ Ch	ange 🔲 /	Addition		
NAME STREET ADDRESS	774 NE 40TH STREET		STREET ADDRESS		1000235	1640	1	ļ		
CITY-ST-2P	FT. LAUDERDALE, FL 33334		CITY-ST-ZIP		10/02/0301073	004 **	<u>61.25</u>		ļ	
TITLE NAME	VP KUBIATOWICZ, MICHAEL E JR	≥ Delete	TOTE		•	☐ Cit	ange 🗀 /	Addition		
	926 PARK RIDGE DR		NAME STREET ADDRESS							
CITY-ST-ZIP	EAU CLAIRE, WI 64703		CAY-ST-ZIP	<u> </u>						
TITLE	·	☐ Delete	TRLE			☐ Cha	ınge 🔲 A	Addition	ļ	
NAME Street address		·	NAME STREET ADDRESS	}	•					
CITY-ST-ZIP	}- <del></del>		Crty-St-ZIP	<u></u>					ļ	
TITLE NAME		. Delete	TITLE NAME			☐ Che	inge 🔲 A	Addition	l	
STREET ADDRESS			STREET ADDRESS	[						
CITY-ST-ZP			CMY-ST-ZIP	<u> </u>	·	<del></del>				
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.										
000147	up De N	bitto.	T. 3 T	771 '	9/2/12	95-4-9	~/ <i>U</i>	210	<i>~</i>	
SIGNAT	SIGNATURE AND TYPED OR PI	PONTED NAME OF SIGNING OFFICER OR	Judy L.	KUD18	Cale Cale	Ozyrima Ph		77	/	