2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100000533

1. Entity Name

THE PO	RT ST. LUCIE EXCHANGE CL	JB, INC.			01-13-2003 90433 03	38 ****6	31.25	
Principal Pla	ace of Business	Mailing Address						
7026 TORREY PINES CIR. PORT ST. LUCIE FL 34986		7026 TORREY PINES CIR. PORT ST. LUCIE FL 34986						
	OIL 12 04000	FORT ST. LUCIE PL 34300						
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ite	City & State					pplied For	_
				W / Zi / dillioor	NOT APPLICABLE		ot Applicable	,
Zip	Country	Zip	Country	5. Certificate of		8.75 Ade		
	6. Name and Address of Current	Registered Agent		7. Name and Ac	dress of New Registered Aç	gent		7
MANATA	IT COOT		Name -		~			7
HANAWALT, SCOTT 7026 TORREY PINES CIR.			Street Address (P.O. Box Number is Not Acceptable)					1
1	T. LUCIE FL 34986		-					+
	. :		City		FL	Zip Cod	e	1
8. The above the obliga	e named entity submits this statement for tions of registered agent.	the purpose of changing its r	egistered office or re-	gistered agent, or both, in	n the State of Florida. I am far	niliar with,	and accept	1
SIGNATURE	Scott Harrand	L (/10)	1/1.	1/0 +	1 0	_		
			111/1/20 1200 12	n u + v + v + v + v + v + v + v + v + v +	C.JCD/ 1-8-0	7≺		1
	Signature, typed or printed name of registered agent a	and title if applicable, (NOTE:	Pegiplered Agent signature r	required when reinstating)	SUREN 1-8-0	23		
	Signature, typed or printed name of registered agent a		7.7	required when reinstating)	SUCEC 1-8-0 DATE	23		
	Signature, typed or printed name of registered agent a	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be	Make Check I	Payable		
		9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees	Make Check I	Payable nent of S	State	
10.	FILE NOW: FEE IS \$61.25 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make Check in Florida Departm	Payable nent of S	State	
10. TITLE NAME	FILE NOW: FEE IS \$61.25 OFFICERS AND DIR TP RETTIG, RALPH	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees	Make Check in Florida Departm	Payable nent of S	State 10	0000
10.	FILE NOW: FEE IS \$61.25 OFFICERS AND DIR TP RETTIG, RALPH 2728 SE EAGLE DR	9. Election Camp Trust Fund Co	paign Financing patribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make Check in Florida Departm	Payable nent of S	State 10	707 (40,00)
10. TITLE NAME: STREET ADDRESS CITY-ST; ZIE	FILE NOW: FEE IS \$61.25 OFFICERS AND DIR TP RETTIG, RALPH	9. Election Camp Trust Fund Co ECTORS	paign Financing patribution. 11. TITLE NAME STREET ADDRESS CITY-SI-ZIP	\$5.00 May Be Added to Fees	Make Check in Fiorida Departments to Officers and Direct Control of the Control o	Payable nent of \$	10 Addition	200007 (40,00)
10. TITLE NAME STREET ADDRESS CITY-ST, ZIE	OFFICERS AND DIR TP RETTIG, RALPH 2728 SE EAGLE DR PORT SAINT LUCIE FL 34984 VPT MANCINI, LYNN	9. Election Camp Trust Fund Co	paign Financing patribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make Check in Fiorida Departments to Officers and Direct Control of the Control o	Payable nent of S	State 10	CD9E007 (40,00)
TITLE NAME: STREET ADDRESS CITY-ST, ZIE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND DIR TP RETTIG, RALPH 2728 SE EAGLE DR PORT SAINT LUCIE FL 34984 VPT MANCINI, LYNN 1998 SE OXMOOR TER	9. Election Camp Trust Fund Co ECTORS	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make Check in Fiorida Departments to Officers and Direct Control of the Control o	Payable nent of \$	10 Addition	CD9E007 (40,000)
10. TITLE NAME STREET ADDRESS CITY-ST, ZIE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR TP RETTIG, RALPH 2728 SE EAGLE DR PORT SAINT LUCIE FL 34984 VPT MANCINI, LYNN 1998 SE OXMOOR TER PORT SAINT LUCIE FL 34952	9. Election Camparus Fund Co	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	\$5.00 May Be Added to Fees	Make Check in Florida Department of the Provided Head of the Provided He	Payable nent of S	10 Addition	CD95097 (40/00)
TITLE NAME: STREET ADDRESS CITY-ST, ZIE NAME STREET ADDRESS STREET ADDRESS	FILE NOW: FEE IS \$61.25 OFFICERS AND DIR TP RETTIG, RALPH 2728 SE EAGLE DR PORT SAINT LUCIE FL 34984 VPT MANCINI, LYNN 1998 SE OXMOOR TER PORT SAINT LUCIE FL 34952 ST	9. Election Camp Trust Fund Co ECTORS	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees	Make Check in Florida Department of the Provided Head of the Provided He	Payable nent of \$	10 Addition	CD9E007 (40/00)
10. TITLE NAME STREET ADDRESS CITY-ST, ZIP TITLE NAME TITLE NAME STREET ADDRESS	OFFICERS AND DIR TP RETTIG, RALPH 2728 SE EAGLE DR PORT SAINT LUCIE FL 34984 VPT MANCINI, LYNN 1998 SE OXMOOR TER PORT SAINT LUCIE FL 34952 ST SATTLER, EMMIE 5824 NW DUNMORE AVE	9. Election Camparus Fund Co	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	\$5.00 May Be Added to Fees	Make Check in Florida Department of the Provided Head of the Provided He	Payable nent of S	10 Addition	CDOENOT HARM
10. TITLE NAME- STREET ADDRESS CITY-ST, ZIE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR TP RETTIG, RALPH 2728 SE EAGLE DR PORT SAINT LUCIE FL 34984 VPT MANCINI, LYNN 1998 SE OXMOOR TER PORT SAINT LUCIE FL 34952 ST SATTLER, EMMIE 5824 NW DUNMORE AVE PORT SAINT LUCIE FL 34986	9. Election Camparate Trust Fund Co	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	\$5.00 May Be Added to Fees	Make Check in Florida Department of the Provided Head of the Provided He	Payable nent of S	10 Addition	CD9C007 (40,00)
10. TITLE NAME- STREET ADDRESS CITY-ST, ZIE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR TP RETTIG, RALPH 2728 SE EAGLE DR PORT SAINT LUCIE FL 34984 VPT MANCINI, LYNN 1998 SE OXMOOR TER PORT SAINT LUCIE FL 34952 ST SATTLER, EMMIE 5824 NW DUNMORE AVE PORT SAINT LUCIE FL 34986 TT	9. Election Camparus Fund Co	paign Financing patribution. 11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees	Make Check if Florida Departm SES TO OFFICERS AND DIRE	Payable nent of S	10 Addition	CD0C007
10. TITLE NAME- STREET ADDRESS CITY-ST, ZIE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR TP RETTIG, RALPH 2728 SE EAGLE DR PORT SAINT LUCIE FL 34984 VPT MANCINI, LYNN 1998 SE OXMOOR TER PORT SAINT LUCIE FL 34952 ST SATTLER, EMMIE 5824 NW DUNMORE AVE PORT SAINT LUCIE FL 34986 TT HANAWALT, SCOTT	9. Election Camparate Trust Fund Co	paign Financing patribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees	Make Check if Florida Departm SES TO OFFICERS AND DIRE	Payable nent of S CTORS IN Change Change	10 Addition Addition	CD9C02 (40(00)
TITLE NAME STREET ADDRESS CITY-ST, ZIE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIR TP RETTIG, RALPH 2728 SE EAGLE DR PORT SAINT LUCIE FL 34984 VPT MANCINI, LYNN 1998 SE OXMOOR TER PORT SAINT LUCIE FL 34952 ST SATTLER, EMMIE 5824 NW DUNMORE AVE PORT SAINT LUCIE FL 34986 TT	9. Election Camparate Trust Fund Co	paign Financing patribution. 11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees	Make Check if Florida Departm SES TO OFFICERS AND DIRE	Payable nent of S CTORS IN Change Change	10 Addition Addition	CDOENGY (4000)
TITLE NAME STREET ADDRESS CITY-ST, ZIE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND DIR TP RETTIG, RALPH 2728 SE EAGLE DR PORT SAINT LUCIE FL 34984 VPT MANCINI, LYNN 1998 SE OXMOOR TER PORT SAINT LUCIE FL 34952 ST SATTLER, EMMIE 5824 NW DUNMORE AVE PORT SAINT LUCIE FL 34986 TT HANAWALT, SCOTT 7026 TARREY PINES CIR	9. Election Camparate Trust Fund Co	paign Financing patribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees	Make Check if Florida Departm BES TO OFFICERS AND DIRE	Payable nent of \$ CTORS IN Change Change Change	10 Addition Addition Addition	CDOENOT (40/00)
10. TITLE NAME STREET ADDRESS CITY-ST, ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME	OFFICERS AND DIR TP RETTIG, RALPH 2728 SE EAGLE DR PORT SAINT LUCIE FL 34984 VPT MANCINI, LYNN 1998 SE OXMOOR TER PORT SAINT LUCIE FL 34952 ST SATTLER, EMMIE 5824 NW DUNMORE AVE PORT SAINT LUCIE FL 34986 TT HANAWALT, SCOTT 7026 TARREY PINES CIR	9. Election Camparate Trust Fund Consecution Delete Delete Delete Delete	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	\$5.00 May Be Added to Fees	Make Check if Florida Departm BES TO OFFICERS AND DIRE	Payable nent of S CTORS IN Change Change	10 Addition Addition	OD90007
10. TITLE NAME STREET ADDRESS CITY-ST, ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIR TP RETTIG, RALPH 2728 SE EAGLE DR PORT SAINT LUCIE FL 34984 VPT MANCINI, LYNN 1998 SE OXMOOR TER PORT SAINT LUCIE FL 34952 ST SATTLER, EMMIE 5824 NW DUNMORE AVE PORT SAINT LUCIE FL 34986 TT HANAWALT, SCOTT 7026 TARREY PINES CIR	9. Election Camparate Trust Fund Consecution Delete Delete Delete Delete	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	\$5.00 May Be Added to Fees	Make Check if Florida Departm BES TO OFFICERS AND DIRE	Payable nent of \$ CTORS IN Change Change Change	10 Addition Addition Addition	CD05007 (40,000)

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 617, 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. フフネー

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

EMANUAS HIE REQUIRED

☐ Delete

336-0012

☐ Change

FILED

Jan 13, 2003 8:00 am Secretary of State

☐ Addition