


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

04-21-2003 90530 005 ****61.25

DOCUMENT # N02000008293					
1. Entity Name WILTON MANORS MAIN STREET, INC.					
Principal Place of Business 848 N.E. 20TH DRIVE WILTON MANORS FL 33305			Mailing Address 848 N.E. 20TH DRIVE WILTON MANORS FL 33305		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				4. FEI Number 14-1852724	
HORNE, CHARLES 848 N. E. 20TH DRIVE WILTON MANORS FL 33305				Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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
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.					
SIGNATURE <i>Charles Horne</i> CHARLES HORNE		DATE APRIL 16, 2003			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)		DATE	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		5.00 May Be Added to Fees.	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROCKETT, J R		NAME		
STREET ADDRESS	1167 N.E. 24TH STREET		STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL 33305		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNE, CHARLES	D	NAME		
STREET ADDRESS	848 N. E. 20TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL 33305		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEINER, ED	D	NAME		
STREET ADDRESS	850 N. E. 20TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL 33305		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLINE, DIANE	D	NAME		
STREET ADDRESS	2325 N.E. 19TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL 33305		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DENNIS BELLEHOMEUR	D
STREET ADDRESS			STREET ADDRESS	2819 NE 38ST	
CITY-ST-ZIP			CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.					
SIGNATURE: <i>Charles Horne</i> CHARLES HORNE		DATE APRIL 16, 2003		954/665-4189	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E037 (10/02)