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

DOCUMENT # N21852

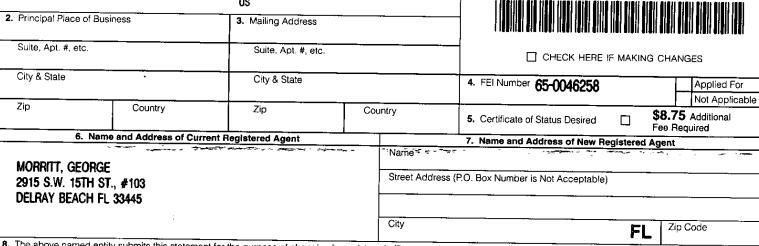
1. Entity Name



FILED Mar 03, 2003 8:00 am § Secretary of State

03-03-2003 90430 005 ****61.25

DELRAY BEACH, FLORIDA, CO WITNESSES, INC.			
Principal Place of Business	Mailing Address		
12900 BARWICK RD DELRAY BEACH FL 33445 US	C/O JAMES MURRAY JR 2542 DORSON WAY DELRAY BCH FL 33445 US		
2. Principal Place of Business	3 Mailing Address		



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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61,25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

Make Check Payable to

	·					Florida Department of State			
10.	OFFICERS AND DIRECTORS	11.	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS, MARK 4552 BRADY BLVD DELRAY BEACH FL 33445	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CARMEL 2915 S.	0 POL 15+h	ANDED ST #200	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GERLACH, RALPH V. 1050 DOTTEREL RD. #314-3 DELRAY BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELLAY	DONEN	FT 33445	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURRAY, JAMES JR. 2542 DORSON WAY DELRAY BEACH FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· . - ·			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	D Davis, Herbert 338 NW 5th Ave. Delray Beach Fl	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRITT, GEORGE 2915 SW 15TH STREET #103 DELRAY BEACH FL 33445	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSMAN, RODGER P.O. BOX 216 NA DELRAY BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	

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:

561-498-7937