2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000006190

Entity Name: THE FOUNTAIN OF PEMBROKE PINES, INC.

FILED Mar 26, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1900 UNIVERSITY DR 21113 JOHNSON STREET SUITE 208 SUITE 120 PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33029 New Mailing Address: **Current Mailing Address:** 1900 UNIVERSITY DR 21113 JOHNSON STREET SUITE 120 SUITE 208 PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33029 FEI Number: 65-0716717 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILSON, MEL WILSON, MEL 1401 SW 75TH TER 100 EAST BROWARD BLVD. PLANTATION, FL 33317 FT. LAUDERDALE, FL 33301 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. SIGNATURE: 03/26/2003 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete LIPSCOMB, GENE LIPSCOMB, GENE Name: Name: 1630 SW 97TH TERRACE Address: 1630 SW 97TH TERRACE Address: City-St-Zip: PEMBROKE, FL 33025 City-St-Zip: PEMBROKE, FL 33025 (X) Change () Addition Title: PD () Delete Title: ROBINSON, ALVIN Name: GREEN, BARBARA Name: Address: 1154 NW 184 TERRACE Address: 9013 SW 20TH PLACE City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: PEMBROKE PINES, FL 33025 Title: () Delete Title: () Change () Addition FOWLES, NANCY Name: Name: 4040 NW 196TH ST Address: Address: City-St-Zip: OPA LOCKA, FL 33055 City-St-Zip: (X) Change () Addition Title: () Delete Title: Name: MUNNINGS, FAYE Name: NORTON, HARRY 361 NW 130TH TERR APT 106 13172 NW 18TH STREET Address: Address: City-St-Zip: PEMBROKE, FL 33028 City-St-Zip: PEMBROKE, FL 33028 Title: Title: (X) Delete () Change () Addition WILSON, MEL Name: Name: 1401 SW 75TH TERR Address: Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: () Delete Title: (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

ATKINS, SANDRA

214 SW 166TH AVE

PEMBROKE PINES, FL 33027

SIGNATURE: SANDRA ATKINS S 03/26/2003

ATKINS, SANDRA

214 SW 166TH AVE

PEMBROKE PINES, FL 33029

Name:

Address:

City-St-Zip: