

6687200

The seal of the State of Florida is a circular emblem. It features a central figure of a woman, likely representing Justice or Liberty, holding a scale and a sword. The text "GREAT SEAL OF THE STATE OF FLORIDA" is inscribed around the top, and "IN GOD WE TRUST" is at the bottom.

FIRST PRIORITY PALM BEACH COUNTY, INC.

Mailing Address

3125 FORTUNE WAY
13
WELLINGTON FL 33414

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip	Country
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Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name _____

DAVID W. BROWER

Street Address (P.O. Box Number is Not Acceptable)

12645 TIMBER PINE TRAIL

City

WELLINGTON

FL

Zip Code

Zip Code
33414

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CO - PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWER, DAVID W.		
STREET ADDRESS	12645 TIMBER PINE TRAIL		
CITY - ST - ZIP	WELLINGTON, FL 33414		

TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BROWER, SHAUNA		
STREET ADDRESS	12645 TIMBER PINE TRAIL		
CITY-ST-ZIP	WELLINGTON A 33414		

TITLE	CO-PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUKASZEWSKI, MICHAEL		
STREET ADDRESS	3360 CITATION DRIVE		
CITY-ST-ZIP	GREEN LAKE SPRINGS F. 32043		

TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LUKASZEWSKI, JENNIE		
STREET ADDRESS	3360 CITATION DRIVE		
CITY-ST-ZIP	SPRINGFIELD, ILL. 62703		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800020034678
STREET ADDRESS	05/28/03--01014--007 **61.25
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: S. M. NATURE REQUIRED

5-21-03 561-793-6889 r. 230

CR2E037 (10/02)