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

DOCUMENT # N9700006406

1. Entity Name



FILED Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90161 018 ****61.50

| EARIH.2 | | | | | | | | | |
|--|---|---|---------------------------------------|--|---|-------------------------------|---------------|-------------------------------------|--|
| 1615 6TH STREET 1615 | | Mailing Address 1615 6TH STREET VERO BEACH FL 32962 | | | | (21 (88)/ 88// 88// 88// 88// | , | , Di n e lle lo ži | |
| 2. Principal P | Place of Business | 3. Mailing Address | | · · · · · | - | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | City & State | City & State | | 4. FEI Number 59-3481056 | | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | | 5. Certificate of S | tatus Desired | \$8.75 Add | ditional | |
| ··· | 6. Name and Address of Current | Registered Agent | | | -7. Name and Add | iress of New Registered | Agent | | |
| | | | Name | , | | | | | |
| LAW OFFICE OF E. CLAYTON YATES 205 S. SECOND ST FORT PIERCE FL 34950 | | | Street | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| FOR! FIE | INCE FE 34830 | | | | | 10 1818 | | | |
| | | | City | | • | FL | Zip Cod | e | |
| the obligat | named entity submits this statement for ions of registered agent. | r the purpose of changing its | registered office | or register | ed agent, or both, in | the State of Florida. I am | amiliar with, | and accept | |
| SIGNATURE . | Signature, typed or printed name of registered agent a | and title if applicable. (NOTE | : Registered Agent sign | nature required | when reinstating) | DATE | | | |
| FILE NOW: FEE IS \$61.25 9. Election Carr Trust Fund C | | | | | \$5.00 May Be Added to Fees | Make Check Florida Depar | | | |
| 10. | OFFI€ERS AND DIF | RECTORS | 11. | A | ADDITIONS/CHANG | ES TO OFFICERS AND DI | RECTORS IN | 10 | |
| TITLE NAME JREET ADDRESS CITY-ST-ZIP | PSD YATES, CAMILLE S 2303 OAKE DRIVE FORT PIERCE FL 34949 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5 | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPTD TAYLOR, KATRINA J 1615 6TH STREET VERO BEACH FL 32962 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST#ZIP |] | ر العديد المحمد | e e ten e ten e | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Taylor, Mark 1615 6th Street Vero Beach FL 32962 | ☐ Delate | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | Addition | |
| STREET ADDRESS | D RUSSAKIS, JACQUELINE C 317 S 2ND AVE FT PIERCE FL | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3 | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ertify that the information supplied with | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | otion 119 07/2VI) El | vida Statutos I further earl | Change | Addition | |

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 of 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: