2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000011435



FILED Mar 12, 2003 8:00 am Secretary of State

1. Entity Na ARLENE		OURT, P.A.						03-12-2003 90087 ()35 ***150	.00
Principal Place of Business 985 NORFOLK CT. LONGWOOD FL 32750			985	Mailing Address 985 NORFOLK CT. LONGWOOD FL 32750				M 88M 18M 88M 88M 88M 88M	å r 1188) hall bigg	A MITOR OTHER TORK
2. Principal Place of Business			3. Mailing Address							
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Zíp			Zip				5. Certificate of Status Desir		¢0.75	
6. Name and Address of Current Registered A				ed Agent			7. Name and A	ddress of New Registere		_
	· · ·				1	Name				
l	RT, ARLENE RFOLK CT.	S				Street Address (P.O. Box Number is Not Acceptable)				
LONGWOOD FL 32750									W	
8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent. **The above named entity submits this statement for the purpose of changing its register. **The above named entity submits this statement for the purpose of changing its register. **The above named entity submits this statement for the purpose of changing its register. **The above named entity submits this statement for the purpose of changing its register. **The above named entity submits this statement for the purpose of changing its register. **The above named entity submits this statement for the purpose of changing its register. **The above named entity submits this statement for the purpose of changing its register. **The above named entity submits this statement for the purpose of changing its register. **The above named entity submits this statement for the purpose of changing its register. **The above named entity submits this statement for the purpose of changing its register. **The above named entity submits this statement for the purpose of changing its register. **The above named entity submits this statement for the purpose of changing its register. **The above named entity submits this statement for the purpose of changing its register. **The above named entity submits this statement for the purpose of changing its register. **The above named entity submits this statement for the purpose of changing its register. **The above named entity submits this statement for the purpose of changing its register. **The above named entity submits this statement for the purpose of changing its register. **The above named entity submits this statement for the purpose of changing its register. **The above named entity submits this statement for the purpose of changing its register. **The above named entity submits this statement for the purpose of changing its register. **The above named entity submits this statement for the purpose of changing its register. **The						City	FL Zip Code			
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SIGNATURE	Signature, typed o	or printed name of registered ag	ent and title if app	olicable. (NOTE	E: Registered Age	ent signature require	ed when reinstating)	DATE	···	
F	FILE NOW!!!	FEE IS \$150.00			***		·			
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10.										
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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 changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #