FILED

Jan 29, 2003 8:00 am

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

DOCUMENT # P0000025369 1. Entity Name THE ALCHEMY GROUP, INC.								01-29-2003 90150 025 ***150.00		
Principal Place of Business 1314 CAMELLIA LANE WESTON FL 33326				Mailing Address 1314 CAMELLIA LANE WESTON FL 33326						
2. Principal F	Place of Busin	ness	3. Ma	3. Mailing Address				1881/1881 111 1 811/ 1881/1 861/1 862/1 881/1 881/2 17887 Bitter 1111/6 81/18 181/1 181/1		
Suite, Apt.	. #, etc.		Sui	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & Stat	te		City & State				4.	4. FEI Number 65-0989460 Applied For Not Applicable		
Zip Country			Zip		try	5.	5. Certificate of Status Desired			
	6. Name	and Address of Current	Register	ed Agent			7.	. Name and Address of New Registered Agent		
			<u></u> -			Name				
MAYERSOHN, JOEL 350 E LAS OLAS BLVD., SUITE 1700						Street Address (P.O. Box Number is Not Acceptable)				
FT LAUDERDALE FL 33301										
						City		FL Zip Code		
	tions of regist				-	d Agent signature requ		agent, or both, in the State of Florida. I am familiar with, and accept en reinstating)		
Afte	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	f State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
10.	OFFICERS AND DIF			CTORS 11.			A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		HN, JAMIE ELIA LANE FL 33326		□ Delete				☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SULLIVAN 4287 DIAM WESTON	OND TERRACE		□ Delete				☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		- 1		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete				☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete				☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		☐ Delete				☐ Change ☐ Addition		
t2. Thereby of indicated of the corchanged,	certify that the on this repor poration or th or on an atta	e information supplied with t or supplemental report is the receiver or trustee empo chmed with an address, v	this filing true and wered to vith all oth	does not qualify for accurate and that n execute this report per like empowered.	r the exer ny signat as requir	mption stated in ure shall have th ed by Chapter 6	Section e same 607, Flo	on 119.07(3)(i), Florida Statutes. I further certify that the information the legal effect as if made under oath; that I am an officer or director orida Statutes; and that my name appears in Block 10 or Block 11 if		