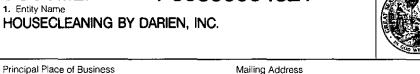
FILED Feb 03, 2003 8:00 am **Secretary of State**

02-03-2003 90059 001 ***150.00

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

P00000034621 DOCUMENT #



Principal Place of Business 7573 BRIAR CLIFF CIRCLE LAKE WORTH FL 33467			Mailing Address 7573 BRIAR CLIFF CIRCLE LAKE WORTH FL 33467					**************************************		
2. Principal Place of Business			3. Mailing Address			† ;				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1	CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. F	El Number 65-1005839	├	pplied For	
Zip	Country		ip Coun		والمنطاء المعم	5. C	Certificate of Status Desired .	\$8.75 Ad Fee Require	ditional	
	6. Name and Addre	ss of Current Regist	ered Agent			7. N	ame and Address of New Registered	Agent		
				N	ame					
jensen,		_	Street Address (P.O. Box Number is Not Acceptable)							
7573 BRI	AR CLIFF CIRCLE		Street Address (P.O. E			ox Number is Not Acceptable)		İ		
LAKE WORTH FL 33467						_				
								,		
					TL Zip Code				ie	
the obligat	e named entity submits the tions of registered agent.	is statement for the p	urpose of changing its i	registered o	ffice or registe	ered age	ent, or both, in the State of Florida. I am	familiar with,	and accept	
SIGNATURE	Signature, typed or printed name	of registered agent and title if	applicable. (NOTE:	: Registered Age	int signature require	d when teir	nstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						}	9. Election Campaign Financing		00 May Be d to Fees	
10.		FFICERS AND DIREC		11.		ADE	DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE	D	THOUSING AND BINEO	□ Delete	TITLE		7.02	5/10/10/0/ 1/10/10/10/10/10/10/10/10/10/10/10/10/10	☐ Change	Addition	
NAME	JENSEN, DARIEN		_ Delete	NAME				onango		
STREET ADDRESS	7573 BRIAR CLIFF C			STREET AD	DRESS					
CITY-ST-ZIP	LAKE WORTH FL 33	467		CITY-ST-2	ZIP					
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	٠			NAME					{ `	
STREET ADDRESS				STREET AD		•			ļ	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			CITY-ST-Z	ZIP					
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition	
NAME				NAME						
STREET ADDRESS CITY-ST-ZIP	,	•		STREET AD CITY-ST-Z						
					-"			[] A		
TITLE NAME			☐ Delete	TITLE NAME				Change	☐ Addition	
STREET ADDRESS				STREET AD	DRESS	-				
CITY-ST-ZIP			•	CITY-ST-Z						
TITLE		 	□ Delete	TITLE				☐ Change	Addition	
NAME			LI Delete	NAME	1				/statton	

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 trustes empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ent with an address, with all other like empowered changed, or on an attac

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

☐ Addition