

DOCUMENT # P00000050549



Mailing Address  
287 E INDIANTOWN ROAD  
B10  
JUPITER FL 33477

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **65-1014366**

|             |  |
|-------------|--|
| Applied For |  |
|-------------|--|

|                |
|----------------|
| Not Applicable |
|----------------|

### 5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | D                            | <input type="checkbox"/> Delete |
| NAME           | BERTOLOTTI, ADRIAN           |                                 |
| STREET ADDRESS | 105 S. NARCISSUS AVE STE 412 |                                 |
| CITY-ST-ZIP    | WEST PALM BEACH FL 33401     |                                 |

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

|                 |                                 |
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| TITLE           | <input type="checkbox"/> Delete |
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| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

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| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |

TITLE ☐ Change ☐ 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 607, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (10/02)