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FILED Apr 02, 2003 8:00 am Secretary of State

2003	FOR	PROFIT (CORPORAT	TIÓN
UNIFO	RM B	USINESS	REPORT	(UBR)

DOCUMI 1. Entity Name LEE MARTIN		# POOOC		5043					02-26-20	003 90151	I 018 ***	*150.00
Principal Place of Business 2007 2ND AVE E BRADENTON FL 34208		2007	Mailing Address 2007 2ND AVE E BRADENTON FL 34208		L		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	at wenni bediri beniri be	ANN BONG AANON	PLI DI GIUN AZ IN'	# #1 ###	
2. Principal Place of Business P.O. Box 147(e) Suite, Apt. #, etc.		Suite	3. Mailing Address P.O. Box 147161 Suite, Apt. #, etc.				CHECK HERE					
City & State				adentor	かば	ļ						pplied For
Brader	Alex	~ . PI		& State				. FEI Number 5 - 101	APPLIED FO	Jr —		pplied For lot Applicable
Zip .		Country	Zip	_	Count	• •	-	i. Certificate of St	Cratus Desired		\$8.75 Add	Iditional
<u>34280</u>	a Name	and Address of Current		(2 3 0 _	<u> W</u>	anat	tee	. Name and Add			Fee Require	
			negre	O Ayem		- Name		Name one	iress or	egisto.	gent	
PREWETT, DA					- 1	·		. Box Number is N	**** * coentable			
5777 BENEVA					. '	Suee	«dores» (BOX NUMBER 10.	Not Acceptable,	,		
SARASOTA F	FL 34233	$E = \varphi^{(i)}$										
•		4			1	City				FL	Zip Code	ie .
the obligations	s of registe	y submits this statement for ered agent.		,			or registered		the State of Flor		I umiliar with,	and accept
After Ma Make Check Pay	lay 1, 2003 ayable to	FEE IS \$150.00 33 Fee will be \$550.00 Florida Department of	of State		11.		- O	Trust Fu	on Campaign Fina Fund Contribution ANGES TO OFFI	эп. 🗆	Added	00 May Be d to Fees S IN 11
NAME STREET ADDRESS CITY-ST-ZIP MA 140 BR	409 3RD RADENTO	Z, LIBORIO AVENUE EAST ON FL 34208		☐ Delete	спу-	IE EET ADDRESS '-ST-ZIP	Bri	tinez (D. Box adento	Liberic 14761 20, Fl.	349 5	<u></u>	☐ Addition
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MLE				☐ Delete	TITLE	ı	C		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
VAME STREET ADDRESS CITY-ST-ZIP			:			ET ADDRESS -ST-ZIP	Prese	-Rojo 2.0. B ~2.dea	0x 147	_		
ITLE , IAME STREET ADORESS CITY-ST-ZIP	_			. □ Defete		J					☐ Change	Addition
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TITLE NAME STREET ADDRESS				☐ Oelete	TITLE NAME			•		ī	☐ Change	Addition
2TY-ST-ZIP 12. I hereby certify indicated on the of the corporat	this report of ation or the on an attac	information supplied with a cr supplemental report is a receiver of trustee emporement of the an address, w	s true and and and ownered to exwerted to exwith all other	accurate and that m expoute this report a	or the exemmy signature as require	nption state ure shall ha	nave the sam apter 607, Fi	n 119.07(3)(i), Flor e legal effect as if rida Statutes; and	if made under oa id that my name a	ath; that I am appears in B	n an officer o Block 10 or E	or director Block 11 if