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

## **DOCUMENT #**

Principal Place of Business

148 MONTEREY WAY

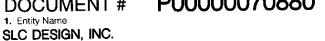
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Mailing Address

148 MONTEREY WAY

ROYAL PALM BEACH FL 33411

1. Entity Name





**FILED** Feb 12, 2003 8:00 am Secretary of State 02-12-2003 90057 044 \*\*\*150.00

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ROYAL PALM BEACH FL 33411		ROYAL PALM BEACH FL 33411										
2. Principal Place of Business			3. Mailing Address						(	1 18(1) \$ 84) 1841		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			<b>4.</b> F	4. FEI Number 65-1032659 Applied F Not Appli					
Zip		Country	Zip		Country		<b>5.</b> C	ertificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent					
MORRIS, ROBERT R REGIONAL PROFESSIONAL BUILDING 685 ROYAL PALM BEACH BOULEVARD #205 ROYAL PALM BEACH FL 33411					Name Street Address (P.O. Box Number is Not Acceptable)							
					City FL Zip Coo							
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 o	r printed name of registered agen	and title if app	blicable. (NOTE:	: Registered A	gent signature requir	red when re	einstating) DA	TE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financing     Trust Fund Contribution.	☐ Add	00 May Be ed to Fees			
10.		OFFICERS AND		PRS	11.		AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTO			
TITLE NAME STREET ADDRESS	PD STAIRS, WI 148 MONTI ROYAL PAL	LLIAM J		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Change			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	NAME STREET CITY-S	ADDRESS T-ZIP			☐ Change			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS			☐ Chang	e		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7,21	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			☐ Chang	e		
TITLE ().  NAME  STREET ADDRESS	1	egan mennen		ova + □ Delete o = +.	, TITLE NAME STREE	F ADDRESS	3.5 k ,/ } *	g ng tidaga Pang Pang Pang Panga	Chang			
CITY-ST-ZIP		•			CITY-S		Section	n 119.07(3)(i), Florida Statutes. I furthe	er certify that th	e information		

indicated on this report or supplied with this filling does not quality for the exemption stated in decided in 19.07(3)(0), Frontag datates. 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 attackment with an address, with a pher like empowered.

SIGNATURE: