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

## DOCUMENT #



## FILED Feb 24, 2003 8:00 am Secretary of State

1. Entity Nam		0078730			02-24-2003 90207		
7777 GLADES RD SUITE 310 77777 GL		Mailing Address 7777 GLADES RD SUITE 3 BOCA RATON FL 33434	77 GLADES RD SUITE 310				
2. Principal F	Place of Business	3. Mailing Address				ili 10000 (0110 l <b>9</b> 01	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKI	NG CHANGES	3
City & State		City & State		4. F	FEI Number 65-1043795		Applied For lot Applicable
Zip	Country	Zip	Country	5. (	Certificate of Status Desired	\$8.75 Ad	ditional
	6. Name and Address of Current I	Registered Agent		7. N	Name and Address of New Registere	•	
			Name		-		
SCHMIER	, ROBERT J	ويستنزي بباد مصيعون بسد			ox Number is Not Acceptable)		
7777 GLADES RD SUITE 310		<del></del>	Street Add	aress (P.O. B	ox number is not Acceptable)		
BOCA RA	TON FL 33434						
		,	City		F	Zip Co	de
8 The above	named entity submits this statement for	the nurnose of changing its re	enistered office or re	anietarad and	1		and accept
	*	the purpose of changing its in	egistered onice or re	egistered agt	ent, or both, in the state of Florida.	m rairiilai waa	i, and accept
the obligat	tions of registered agent.						
the obligat	tions of registered agent.						
SIGNATURE .		nd title if annivable /NOTE-	Registered Apent signature	e required when re	DATE (Paringleting)	=	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE:	Registered Agent signature	e required when re	instating) DATE	<u>.</u>	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE:	Registered Agent signature	e required when re	V.		00 May Be
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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 of 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 attack ment an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DIE NEW WITTE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #