

FILED

03 MAY -5 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**DOCUMENT # P0000079474**

1. Entity Name  
LTPN, INC.



Principal Place of Business  
2699 STIRLING ROAD  
SUITE C405  
FORT LAUDERDALE, FL 33312

Mailing Address  
2699 STIRLING ROAD  
SUITE C405  
FORT LAUDERDALE, FL 33312

2. Principal Place of Business  
3711 SW 47<sup>th</sup> Ave., Ste. 204  
Davie, FL  
33314

3. Mailing Address  
3711 SW 47<sup>th</sup> Ave., Ste. 204  
Davie, FL  
33314



CHECK HERE IF MAKING CHANGES

4. FEI Number **85-1034182** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
FLORIDA REGISTERED AGENTS, INC.  
2699 STIRLING ROAD  
A-201  
FORT LAUDERDALE, FL 33312

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



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 NAME STREET ADDRESS CITY-ST-ZIP	DP TWERSKY, JONATHAN MR 2699 STIRLING RD C405 FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TWERSKY, JONATHAN MR. 3711 SW 47 <sup>th</sup> Ave., Ste. 204 DAVIE, FL 33314 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICE CHAIR GLEASON, KEVIN C. MR. 2699 STIRLING RD, STE A-201 FT. LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR20034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 807, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN C. GLEASON, VICE CHAIR  
DATED: APRIL 30, 2003  
PHONE 954-893-7670

*g s/k*