FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90161 028 ***150.00

DOCUMENT # P00000088153

1. Entity Name
ACORDIA CENTER, INC.

8,19,12

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90131623

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2. Principal Place of Business	3. Mailing Address
316 N. DIXIE HWY	1320 NEW WORLD AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE WORTH	City & State: LANTANA
Zip: 33460 Country: PALM BEACH	Zip: 33462-1910 Country: PALM BEACH

4. FEI Number: 65-1038098 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: JUHA K. VAISANEN

Street Address (P.O. Box Number is Not Acceptable): 1320 NEW WORLD AVE

City: LANTANA FL Zip Code: 33462

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: JUHA K. VAISANEN Juha K. Vaisanen 04-11-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

Check # 1101 / 04-30-03

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BRINER, PIRKKO A. V.P. 1320 NEW WORLD AVE LANTANA, FL 33462-1910
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAISANEN, JUHA K. PRES. 1320 NEW WORLD AVE LANTANA, FL 33462-1910
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Pirkko A. Briner = PIRKKO A. BRINER 04-11-03 561-585-3320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

2pm after