


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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91214 042 ***150.00

DOCUMENT # P0000092380					
1. Entity Name TOWER ENTERPRISES, INC.					
Principal Place of Business 7280 W. PALMETTO PARK ROAD STE 106 BOCA RATON, FL 33433			Mailing Address 7280 W. PALMETTO PARK ROAD STE 106 BOCA RATON, FL 33433		
2. Principal Place of Business 2790 N. Federal Highway Suite, Apt. #, etc. Suite 400 City & State			3. Mailing Address 2790 N. Federal Highway Suite, Apt. #, etc. Suite 400 City & State		
Zip 33431		Country		4. FEI Number 65-1062705	
Zip 33431		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AHRON, BARRY 7280 W. PALMETTO PARK ROAD STE 106 BOCA RATON, FL 33433			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) 2790 N. Federal Highway Suite 400 City FL Zip Code 33431		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AHRON, BARRY	NAME			
STREET ADDRESS	7280 W. PALMETTO PARK ROAD STE 106	STREET ADDRESS	2790 N. Federal Highway Suite 400		
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP	Boca Raton Florida 33431		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			Date: 4/16/03		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

11005259



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)