## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P00000092548 **DOCUMENT #** 1. Entity Name DOCITIVA MOI DINICE INIC



02-24-2003 90161 046 \*\*\*150.00

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional States and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  CRANE, RUTH DR.  500 EGRET CIRCLE, #8510  DELRAY BEACH FL 33444  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 the obligations of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOWLIT FEE 15 \$150.00	500 EGRET CI DELRAY BEAC 2. Principal Pi			DOD WE	165					
Suite, Apt. #, etc.    CHECK HERE IF MAKING CHANGES			500 EGRET CIRCLE. #8510							
Suite, Apt. #, etc.    CHECK HERE IF MAKING CHANGES										
City & State  Country  Country  Country  S. Certificate of Status Desired  Fee Required  Fee Required  7. Name and Address of New Registered Agent  Name  CRANE, RUTH DR.  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent  Signature, typed or printed name of registered agent and title it applicable.  (NOTE: Registered Agent signature required when reinstaing)  DATE  FILE NOWLIT FEE TS \$150.00	0	lace of Business	3. Mailing Address	•					21201   IOLI 1031	
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12. Thereby 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.