2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 03, 2002 8:00 am Secretary of State

1. Entity Nar		0093382 s, inc.							-	**150.00	
Principal Pla	ce of Business									j	
4775 N. HIGHWAY A 1-A 4775 N. HIGHWAY A 1-A											!
VERO BEACH FL 32963 VERO BEACH FL 32963					j						_
					أتقرأ						
Principal Place of Business 3. Mailing Address											
Suite, Apt	. #. etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE 529					
City & Sta	te	City & State			4.	4. FEI Number APPLIED FOR Applied For Not Applicable					
Zip	Country	Zip	Coun	itr y	5. (Certificate of	Status Desired		\$8.75 Add	ditional	こうなな
	க_ 6. Name and Address of Current	Registered Agent				lame and A	ddress of New I	Registered .			1 /2
IODOCENIO	SEN DETER	- <u>-</u>		- Name =	·						10
JORGENSEN, PETER 1517 20TH ST.				Street A	Street Address (P.O. Box Number is Not Acceptable)					· · · · ·	7
VERO BEACH FL 32960											1 3
12.002				City	· · · · · · · · · · · · · · · · · · ·	<u> </u>			Zip Cod	le	-} ;
	•							FL]
8. The above	e named entity submits this statement for	r the purpose of changing its r	egistere	ed affice o	registered ag	ent, or both,	in the State of Fl	orida.			
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered	d Agent signat	ure required when re	instating)		/ DATE			} '
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After May 1, 2002 Make Check Payable				will be \$5	50.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
11.	OFFICERS AND I	DIFFECTORS	12.		AD	DITIONS/CI	HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	1
NAME STREET ADDRESS CITY-ST-ZIP	PT ROGERS, ED 110 CACHE CAY DR. VERO BEACH FL 32963	□ Delete							☐ Change	☐ Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ROGERS, PAULA 110 CACHE CAY DR. VERO BEACH FL 32963	☐ Delete	1				<u>-</u> .		Change	Addition	8
TILE	1	☐ Delete	TITLE						☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP			<u></u>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							Change	Addition	
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STREET ADDRESS CITY-ST-ZIP:	· · · _	" 		T ADORESS ST-ZIP *** ***		•	•	• • •			
TITLE NAME STREET ADDRESS		☐ Delete	TITLE . NAME STREE	T ADDRESS					Change	Addition	
CITY-S1-ZIP				ST-ZIP			•				1
indicated of the cor	pertify that the information supplied with the on this report or supplemental report is a poration or the receiver or trustee empore or on an attachment with an address, we	true and accurate and that my wered to execute this report as	signatu	ure shall ha	ive the same le	igal effect a:	s if made under o	eath; that I a	m an officer (or director	