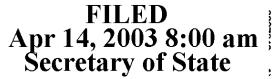
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P00000102412 **DOCUMENT #** 1. Entity Name

**SIGNATURE:** 



04-14-2003 90365 046 \*\*\*150.00

561-386-2839

PALM BEACH GOLF ACADEMY, INC.											
Principal Place of Business 2086 TIGRIS DR. WEST PALM BEACH FL 33411  Mailing Address 2086 TIGRIS DR. WEST PALM BEACH FL 33411						-	# # <b>20</b> 74 <b>2</b> 07 (1) <b>20</b> 11	1 (1 <b>/6</b> /1) <b>86</b> /	IA II BII DIBAL II	1 <b>618</b> 14 <b>8</b> 1 1861	
2. Principal f	Place of Business	3. Ma	iling Address								
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & Sta	te	City & State				4.	4. FEI Number NOT APPLICABLE Applied For				
Zip	Country	Zip - Countr			try	5. Certificate of Status Desired See Required					
	6. Name and Address of Current	Register	ed Agent			7. I	Name and Address of New Regist				
					Name		, and the state of	<u> </u>	,	<del></del>	
MOZISEK, 2086 TIGF	F. JASON RIS DR		Street Addre			s (P.O. Box Number is Not Acceptable)					
	LM BEACH FL 33411							<del></del>			
					City			FL	Zip Code	<del>)</del>	
	e named entity submits this statement for tions of registered agent.	r the pur	pose of changing its re	egistere	ed office or register	ed ag	gent, or both, in the State of Florida.	l am fa	miliar with, a	and accept	
SIGNATURE	Signature, typed or printed name of registered agent		NOTE:	B	d Agent signature required	<del></del>	· · · · · · · · · · · · · · · · · · ·	DATE			
Afte Make Chec	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o						Election Campaign Financir     Trust Fund Contribution.	g 🗆		<b>0</b> May Be to Fees	
10.	OFFICERS AND	DIRECTO		11.		AD	DDITIONS/CHANGES TO OFFICERS				
TITLE NAME STREET ADDRESS	D MOZISEK, F. JASON 2086 TIGRIS DR. WEST PALM BEACH FL 33411		☐ Delete		E ET ADDRESS				Change	☐ Addition	
TITLE	WEST FALM DEACH FL 33411		☐ Delete	TITLE	-ST-ZIP				Change	Addition	
NAME STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP	n de la tra		Delete	TITLE	-ST-ZIP	~	್ವಾಗ್ ಸ್ಟ್ರೈಫ್ ನಿ ಕಿಡಿಬ್ಬರ್ ಬಿ ಡಿಡಿಬ್ ಬಿಡೆಡಿಸಿ		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	25 ]				E Et address - St-Zip						
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CITY-ST-ZIP TITLE			☐ Delete	CITY-	ST-ZIP				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			La Dollie	NAME STREE				·	<.m.ig		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete					[	Change	Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address,	true and wered to	accurate and that my execute this report as	signat	ure shall have the s	ame l	legal effect as if made under oath; t	hat I am	an officer of	or director	