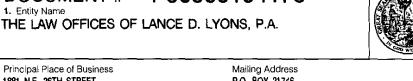
## **FILED** May 05, 2003 8:00 am Secretary of State **2003 FOR PROFIT CORPORATION**

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**UNIFORM BUSINESS REPORT (UBR) DOCUMENT#** P00000104176



				18								
Principal Place of Business 1881 N.E. 26TH STREET SUITE 229, BOX B4		Mailing Address P.O. BOX 21746 FORT LAUDERDALE FL 33335										
WILTON MANO	ORS FL 33305				J							
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State		City & State				4. F	65-0911801			pplied For ot Applicable		
Zip .	Country	Zip		Country		<b>5.</b> C	Certificate of Status Desired		8.75 Add ee Require			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent							
			er den inc	Name	Name							
LYONS, LANCE D 1881 N.E. 26TH ST.				Street A	ddress (P.	.O. Bo	ox Number is Not Acceptable)					
SUITE 229	*									j		
, WILTON MANORS FL 33305			City			· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	e			
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purp	oose of changing its re-	gistered office or	registere	d age	ent, or both, in the State of Flor	rida. I am fa	miliar with,	and accept		
SIGNATURE .												
	Signature, typed or printed name of registered agent as	nd title if app	olicable. (NOTE: R	egistered Agent signati	re required w	vhen rei	instating)	DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Fina Trust Fund Contribution			May Be to Fees			
10.	OFFICERS AND D		l DRS	11.		ADI	DITIONS/CHANGES TO OFFI	CERS AND I	DIRECTORS	3 IN 11		
	DPST	<u> </u>	☐ Delete	TITLE			211.0(10) 0111.1020 10 0111		☐ Change	Addition		
NAME	LYONS, LANCE D	00 BOX	/ D4	NAME								
STREET ADDRESS CITY-ST-ZIP	WILTON MANORS FL 33305				1							
TITLE			☐ Delete	TITLE					Change	☐ Addition		
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CITY-ST-ZIP				CITY-ST-ZIP								
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name Street address				NAME 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: