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2002 UNIFORM BUSINESS REPORT (UBR)

SCIENT Address of Business Assign Address ISBN NU STA COUNTY 20	2002	2 UNIFOR	M BUSII	NESS REPO	RT (UB	R)	FIL Jan 07-20		am	USSZAUB
Principal Place of Business 1249 NN 13 CT. 1259 Country 125 Country 126 Country 127 Name and Address of New Registered Agent 1249 NN 13 CT. 1259 NN 15 CT. 1250 NN 15 CT	DOCUMENT # P0100000474									406 A)
ISSA NN 19 CT SUMMISE FL 33229 SUMMISE FL 332	SKILLED		INC.				01-07-2002 9000	3 029 ***150.00		`
SUMPLIES FL 33223 SUMPLIES FL 3	Principal Plac	e of Business		Mailing Address						
Second S										
Suite, Apt F, etc. Suite,	6 Principal D	Non-of Division		O Mailles Address						
Suite, Apt. et etc. Suite Apt. etc. Suite Apt. etc. South Apt. etc.		_			th Carn		1 102/100/ 1/1 25/0/ 1/2// 22/// 05///			
Plantation FI Plantation FI Sofficial of Satus Desired S67-0683086 Not Applicable S73-3-24			Core		<u>(R 950)C</u>		DO NOT WRITE	IN THIS SPACE		
\$3.75 Additional \$8.75 Additio	<u> </u>		2)		FL	4.	FEI Number 65-1063036	 - - 		
6. Name and Address of Current Registered Agent HARNOEN, DEBORAH A DR 12948 NW 13 CT. SUNRISE FL 33323 City Plantación FL FL Zip Code 3332 AL City Plantación Fl Zip City Plantación Fl Zip Code 3332 AL City Plantación Fl Zip City Pla	Zip	Coun	·	Zip		5.	Certificate of Status Desired			
### PARNDEN, DEBORAH A DR 12648 NW 13 CT. SUNRISE FL 33323 #### Address (P.O. Box Number is Not Acceptable) #### Address (P.O. Box Number is Not Acceptable) ##### Address (P.O. Box Number is Not Acceptable) ###################################	<u> </u>					7.	Name and Address of New Reg			
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SUNRISE FL 33323 QEST N W 5th Court City Plantation , FL FL Zip Code 333324 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. SIGNATURE Signature, Digital or prinse arms of registered agent and 150 of Applicable. (NOTE Registered Agents or required when rentating) At Haringer 1440 22 SIGNATURE 1450 22 SIGNATURE	•			Street A	Address (P.O.	Box Number is Not Acceptable)	<u> </u>			
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. Signature Syouthar, syeld or private name of registered agent agent and the purpose of changing its registered agent, or both in the State of Florida. Signature Syouthar, syeld or private name of registered agent agent and the purpose of changing its registered agent, or both in the State of Florida. Signature Syouthar, syeld or private name of registered agent agent and agent agen				0	9881 NW 5th Owrt					
SIGNATURE Signature, right or printer Anne of ingistered algerit and site if applicable. (NOTE Regulative Agent signature vagues eighent recreating) DATE	•				City 5	konta	EXON, FL	FL Zip Code	324	
Signature, speaker appear or princed ragner of registered appear and or legistered speaker speaker registered registered speaker speaker registered registered speaker speaker registered registered speaker speaker registered registered speaker registered registere	8. The above	named entity submit	s this statement for th	ne purpose of changing its r	egistered office o	r registered a	gent, or both, in the State of Florid	da.		
After May 1, 2002 Fee will be \$550.00 (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing S5.00 May Be Added to Fees	SIGNATURE .	Signature, typed or printed in	La. Hu ame of registered agent and	title if applicable. (NOTE:	- Deboro	ture required when	tarden	1/4/02		
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13. 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	CITY-ST-ZIP	pertify that the informa	tion supplied with th	is filling does not qualify for t	CITY-ST-ZIP	ated in Section	119 07(3)(i) Florida Statutes 1 fi	irther certify that the in	formation	