

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90206 045 \*\*\*150.00

|                                                       |                                                                                   |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P01000023616</b>                        |  |
| 1. Entity Name<br><b>FRONTRUNNER ENTERPRISES INC.</b> |                                                                                   |

|                                                                                              |                                                                                  |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Principal Place of Business<br>11231 NORTH US HWY 1<br>#276<br>NORTH PALM BEACH, FL 33408 US | Mailing Address<br>11231 NORTH US HWY 1<br>#276<br>NORTH PALM BEACH, FL 33408 US |
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|----------------------------------------------------------------|---------------------------------------------|
| 2. Principal Place of Business<br><i>131 Cape Point Circle</i> | 3. Mailing Address<br><i>P.O. Box 14357</i> |
| Suite, Apt. #, etc.                                            | Suite, Apt. #, etc.                         |

|                                |                                         |
|--------------------------------|-----------------------------------------|
| City & State<br><i>Jupiter</i> | City & State<br><i>North Palm beach</i> |
| Zip<br><i>33477</i>            | Country<br><i>Palm beach</i>            |
| Country<br><i>Palm beach</i>   | Zip<br><i>33408</i>                     |



☒ CHECK HERE IF MAKING CHANGES

|                                                                                                                      |  |
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| 6. Name and Address of Current Registered Agent<br><b>VETTESE, MATTHEW G</b><br>1801 S US 1 #5B<br>JUPITER, FL 33477 |  |
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| 7. Name and Address of New Registered Agent<br>Name <i>Vettese, Matthew G</i><br>Street Address (P.O. Box Number is Not Acceptable)<br><i>131 Cape Point Circle</i><br>City <i>Jupiter</i> FL Zip Code <i>33477</i> |  |
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| 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 accept the obligations of registered agent.<br>SIGNATURE <i>[Signature]</i> DATE <i>5-1-2003</i><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |
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| <p>FILE NOW! FEE IS \$150.00<br/>After May 1, 2003 Fee will be \$500.00<br/>Make Check Payable to Florida Department of State</p> | <p>9. Election Campaign Financing<br/>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p> |
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| 10. OFFICERS AND DIRECTORS                     |                                                                                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                     |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>VETTESE, MATTHEW G<br>1801 S US 1 #5B<br>JUPITER, FL 33477 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>Vettese, Matthew G<br>131 Cape Point Circle<br>Jupiter, FL 33477 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LOVEJOY, DONALD W<br>1316 S FLAGLER<br>WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |

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| 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: <i>[Signature]</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DATE <i>5-1-2003</i> DAYTIME PHONE # <i>561-262-0627</i> |

CR2E034 (10/02)