**FILED** 

Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90852 021 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P01000049831

1. Entity Name

PALM BEACH INTERNATIONAL TRAP CLUB, INC.

				TO WE IT	ļ			
Principal Place of Business 1601 FORUM PLACE #900 WEST PALM BEACH FL 33401		Mailing Address 1601 FORUM PLACE #900 WEST PALM BEACH FL 33401			-	- <b></b>		
2. Principa	al Place of Business	3. Mailing A	4ddreee					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & St		City & Sta	ite		4. FEI Number NOT APPLICAB	! <del>}</del>	Applied For Not Applicable	
Zip Country		Zip Co		untry	5. Certificate of Status Desired \$8.75 Additiona		Additional	
	6. Name and Address of Curren	nt Registered Ag	ent	<del></del>	7. Name and Address of New Regist	Fee Requi	ired	
		_		Name	7. Name and Address of New Degrat	erea Agent		
FARINA, JOHN 1601 FORUM PLACE				Street Address	(P.O. Box Number is Not Acceptable)			
SUITE 90	00						· .	
WEST PALM BEACH FL 33401				City		FL Zip Co	ode	
8. The abov	e named entity submits this statement f	for the purpose of	changing its registr	ared office or registe	ered agent, or both, in the State of Florida.		h and accent	
the obliga	ations of registered agent.			-		Carry Harry Street Co.	t, and accept	
SIGNATURE		· · · · · · · · · · · · · · · · · · ·						
	Signature, typed or printed name of registered agen	it and title if applicable.	(NOTE: Registe	ered Agent signature required	d when reinstating)	DATE	<del></del>	
	FILE NOW!!! FEE IS \$150.00							
Afte Make Chec	er May 1, 2003 Fee will be \$550.00 ck Payable to Florida Department o	of State			Election Campaign Financing     Trust Fund Contribution.		.00 May Be ed to Fees	
10.	OFFICERS AND	DIRECTORS	11		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 11	
TITLE	PSTD	Ε	☐ Delete TIT	rl£		☐ Change		
NAME STREET ADDRESS	FARINA, JOHN 1601 FORUM PLACE #900			ME			_	
CITY-ST-ZIP	WEST PALM BEACH FL 33401			REET ADDRESS TY-ST-ZIP				
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NAME							) I AGUINGII	
STREET ADDRESS			NAM	1E				

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #