2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000068511



FILED Mar 13, 2003 8:00 am Secretary of State

1. Entity Na	E, INC.					03-13-2003 90053 046 ***150.00				
Principal Place of Business 7779 VILLA NOVA DRIVE BOCA RATON FL 33433				Mailing Address 7779 VILLA NOVA DRIVE BOCA RATON FL 33433			- 			
2. Principal	Place of Busi	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			0071123030			pplied For ot Applicable
Zip		Country -	Zip		Country	. !	5. Certificate of Status Desired		8.75 Add	ditional
	6. Name	and Address of Curren	Registere	ed Agent			7. Name and Address of New Re			
WILDER, LEONARD						Name				
800 E. BROWARD BLVD., SUITE 711 FT. LAUDERDALE FL 33301						Street Address (P.O. Box Number is Not Acceptable)				
11. 2.02	CHOALL IL	00001			City			FL	Zip Cod	e
8. The above the obliga	named entiti tions of regist	y submits this statement for	or the purp	ose of changing its	registered office or r	egistered	agent, or both, in the State of Flori		miliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered agent	and title if appl	licable (NOT	E: Registered Agent signature	recuired who	Do reinstation	DATE		-
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						-	9. Election Campaign Final Trust Fund Contribution.			O May Be
10.		OFFICERS AND		DC .	1 22	-				
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NAME STREET ADDRESS CITY-ST-ZIP	WILDER, C	HERYLL A NOVA DRIVE ON FL 33433		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	□ Change	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: