## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P01000079833



## FILED Mar 10, 2003 8:00 am Secretary of State

Suite, Apt. #, etc.    City & State   City & City & State   City & State   City & State   City & State   City & City & State   City & City &	1. Entity N BROWN	I LANDHOLDING, INC.			03-10-2003 90148 021 ***150.00	
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Suite, Apt. #, etc.    City & State   City & City & State   City & State   City & State   City & State   City & City & State   City & City &	2. Principal	I Place of Business	3. Mailing Address			
City & State  Country  S. Certificate of Status Desired  S. Service Address of New Registrord Agent  Free Required  Free Requir	Suite, Ap	ot. #, etc.	<u></u>		CHECK HERE IF MAKING CHANGES	
Zip Country Zip Country 5. Certificate of Status Desired Sea. S.	City & St	ate				
BEFFLING, JOHN D 316 BANYAN BLVD WEST PALM BEACH FL 33401  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the bedge of potential properties of states. Special properties of special properties. In the State of Florida. I am familiar with, and after May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SIRET ADDRESS CITY-ST-2P  WELLINGTON FL 33414    Delete	Zin Country					
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HEFFLING, JOHN D 316 BANYAN BLVD  WEST PALM BEACH FL 33401  City FL Zip Code  City FL Sit		6. Name and Address of Current Re	gistered Agent	1		
Street Address (P.O. Box Number is Not Acceptable)  WEST PALM BEACH FL 33401  City FL Zip Code  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 the objections of registered agent agent and their applicable.  SIGNATURE  FILE NOW!!! FEET \$ 150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  BASWELL W. STEVEN  BRASWELL W. STEVEN  BRASWELL W. STEVEN  Delete  Delete  Delete  DIRECTORS IN  INLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  WELLINGTON FL 33414  Delete  Delete  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  CRAME  CR	HEEC! IN	C IOHN D		Name		
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2. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information supplemental report is true and accurate and that my signature shall have the same level of the same level of the same level.	2. Thereby ce	ertify that the information supplied with this t	iling does not qualify for th	e exemption stated in Ca	otion 110 07/0\(\text{C}\) Fig. (4.0)	

of the corporation or the receiver or trustee empowered to execute this required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: