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

## P01000079876 **DOCUMENT #**

1. Entity Name



## **FILED** Apr 09, 2003 8:00 am Secretary of State 04-09-2003 90116 027 \*\*\*150.00

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	THADE HEADQUARTERS,								
Principal Place of Business 4456 LAKESIDE AVENUE N. FORT MYERS FL 33903		Mailing Address 4456 LAKESIDE AVENUI N, FORT MYERS FL 339					ar <b>an</b> al palk in a	1 101 H I PH ha 10	8848 Ball (88)
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2. Principal F	Place of Business	3. Mailing Address				! ( <b>                                    </b>			1012 OSHI 900i
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE	IF MAKING C	CHANGES	
City & Stai	te	City & State			4.	FEI Number 61-1405363			oplied For
Zip	Country	Zip	Coun	try	5.	Certificate of Status Desired		8.75 Add	ditional
	6. Name and Address of Current		<u>-   </u>		7.	Name and Address of New F			
JORCZAK, MARIE				Name ${\cal B}$	RUCE	WERVOW			
	103 AVENUE		i	Street Add	ress (P.O.	Box Number is Not Acceptable	AVEA	UF	
MIAMI FL	*				75-	TO THE STORE			
				City N-	FT.	MYFAS	FL	Zip Cod	° 3
8. The above the obligation	e named entity submits this statement for tions of registered agent. BRUCE	or the purpose of changing	its registere				orida. I am fan	niliar with,	and accept
SIGNATURE	1 Bul. ale								}
SIGNATURE	Signature, typed or printed name if registered agent	and title if applicable. (No	OTE: Registered	d Agent signature r	required when	reinstating)	4-(-0) DATE		<del></del>
	ILE NOW!!! FEE IS \$150.00					9. Election Campaign Fir	nancina		<b>0</b> May Be
Afte	r May 1, 2003 Fee will be \$550.00								
Make Check	k Payable to Florida Department o	of State				Trust Fund Contributio	on. $\square$	Added	d to Fees
Make Check	OFFICERS AND		11.		A	Trust Fund Contributio			
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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 within address with all other like empowered.

SIGNATURE:

4-1-03 (239) 433-3351