2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

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FILED
Mar 19, 2003 8:00 am
Secretary of State

| SIGNATURE Signature, typed or printed name of registered agent and tale if applicable. (NOTE, Registered Agent signature recurred when reinstation) DATE | 1. Entity Na | me JANSEN | | -0000 | 1 011 | | | , | | 19-2003 9 | _ | | | |
|--|---|---|--|--------------------|--------------------|---|------------------|-----------------------------|-------------------|-------------|----------|-----------|------------|--|
| Solito, AD IL Youton Solito, A | 1019 ELGIN I | | i | | 1 (88/:20) 11: 40(| T 14 Str 25 tr 25 tr | l Albir Bhiar . | : 8: (1 8:48 6 11 (8 | h MBBs cith stens | | | | | |
| Salte, Apt #, etc. MICHANT BEACH MICHANG CHANGES Salte Apt #, etc. MICHANG BEACH City & State 33/39 City & State 33/29 Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required Annual Higher The Above named critiny submits this statement for the purpose of changing its registered diploc or registered Agent to both, in the State of Florids. I am familiar with, and accept who are the foligations of registered agent, or both, in the State of Florids. I am familiar with, and accept who are the fire purpose of changing its registered office or registered Agent to both, in the State of Florids. I am familiar with, and accept who are the fire purpose of changing its registered office or registered Agent, or both, in the State of Florids. I am familiar with, and accept who are the fire purpose of changing its registered diploc or registered Agent to both, in the State of Florids. I am familiar with, and accept who are the fire purpose of changing its registered office or registered Agent to both, in the State of Florids. I am familiar with, and accept who are the fire purpose of changing its registered office or registered Agent to both, in the State of Florids. I am familiar with, and accept who are the fire purpose of registered Agent who are the fire purpose of changing its registered office or registered Agent who are the fire purpose of changing its registered Agent who are the fire purpose of registered Agent who are the | " = 1g | | | | | | | | | | | | | |
| Signature Sign | Suite, Apt. #, etc. MIAMI BEACH FC MIAMI BEACH | | | | | | | | СН | ECK HERE II | F MAKING | CHANGES | 3 | |
| Signature for the proper or for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature for five for preserving or for five for five purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature for five purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature for five purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature for five purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature for five purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature for five purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the following for five purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the following foliable following following following following following following | | 119 | | 4 . FEI | Number 59- | 3740009 | | | | | | | | |
| S. Name and Address of New Registered Agent S. Name and Address of New Registered Agent Share Sheep Address (Ro. Bars Number is Not Acceptable) | Zip | | USA | , | | Country USA | | 5. Cer | tificate of Statu | s Desired | | \$8.75 Ac | dditional | |
| JANSEN, THORAL 1019 ELGIN LANE KEY WEST FL 33040 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. SIGNATURE TILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS TILE PSD JANSEN, THORAL 1019 ELGIN LANE 1019 ELGIN LA | | 2 2.75 | ·· , · · · · · · · · · · · · · · · · · | 7. Nar | ne and Addres | s of New Re | | | - | | | | | |
| Steps Address (P.O. Box Number is Not Acceptable) Steps Address (P.O. Box Number is Not Acceptable) City FL Zip.Code* Notifier Befull* The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept whe obligations or registered agent, or both, in the State of Florida. Tam familiar with, and accept when only 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After Addition Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After Addition Fee will be \$550.00 | | | | | | | | | HORAL JANSEN | | | | | |
| REY WEST FL 33040 City FL Zin_Code Signature City State City City State City City City City City City City | | Street | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | | | | |
| 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 accept the obligations of registered agent. SIGNATURE Signature, throad or printed name of registered agent and title if expirately. NOTE Registered Agent signature recursed when remasking) DATE | KEY WEST FL 33040 | | | | | | | | | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept whe obligations of registered agent. SIGNATURE Signature Signature Signature, typed or prised name of inguisered agent and tillie if applicable. (NOTE: Registered Agent signature received when reintaining) DATE | <i>:</i> | | | | | | UHM. | L DI | TCIT | ** | FI | Zip Coc | de, | |
| SIGNATURE Signature, typoid or printed name of registreed agent and title if appricable. (NOTE Registered Agent signature required when intrinsaring) DATE FILE NOW!!! FEE IS \$150.00 Added to Fees | 8. The above | 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, it am familiar with, and accept | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. | · | SIGNATURE | | | | | | | | | | | | |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE JANSEN, THORAL 1019 ELGIN LANE KEY WEST FL 33040 TITLE NAME STREET ADDRESS CITY-ST-ZIP T | | | | јел апо ше и арржа | DIE. (NOTE:) | negistered Agent sign | ature required v | when reinsta | ting) | | DATE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STRE | Afte | r May 1, 200 | 3 Fee will be \$550.0 | | | | | | | | | | | |
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| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | NAME STREET ADDRESS | JANSEN, T 1019 ELGIN | N LANE | | □ Delete | NAME STREET ADDRESS | THOR 600 | EUC | IN AVE | | | Change | ☐ Addition | |
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| NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS | NAME STREET ADDRESS | | | | ☐ Delete | NAME Street address | | | | , | | Change | Addition | |
| 12. 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 indicated on this report or complemental results from the section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or complemental results. | NAME STREET ADDRESS CITY-ST-ZIP | | | | | NAME STREET ADDRESS CITY-ST-ZIP . | | | | | | - | | |

indicated on this report or supplemental reports 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 trusted 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: