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

**FILED** Apr 21, 2003 8:00 am Secretary of State

DOCUMENT # P010000 89405						04-21-2003 90433 010 ***150.00		
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13251		<b>5</b> 77.	3. Mailing Address	12 ST		80088641		
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & Sta	OKE PINES	FL	City & State PEMBROKE	PINES	FL	4. FEI Number   Applied For   65 - 1\3880\   Not Applied		
Zip 3302	Country	S. P.	73028	Country U.S	. A.	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
is for the				Variety		7. Name and Address of Current Registered Agent		
	DO NO	AT M	RITE .		RAN	IKLIN L. O'NEILL		
	IN TH	not the water the second	to an in the state of the same of the		Address (1	P.O. Box Number is Not Acceptable) NW 12 ST.		
	114, 171	IO OF		57 F.				
Colon B				City F	EMB	ROKE PINES FL Zio Code 33028		
	e named entity submits this tions of registered agent.		the purpose of changing its	registered office	or register	red agent, or both, in the State of Florida. I am familiar with, and accept	ot )	
SIGNATURE	J10.10:	C.				4.18.03		
	Signature, typed or printed name of nuary 1 billay 1 Fee 19		nd title if applicable. (NOTE	Reginterett Agent sign	sture required		_	
	After May 1: Fee is \$5: Amended UBR is \$6	50.00 + + + + + + + + + + + + + + + + + +				9. Election Campaign Financing Trust Fund Contribution. Added to Fees	,	
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The same of the same of the same of	P/T	FICERS AND E	DIRECTORS	TIDE VAME	<b>美工作和</b> 199		12/02)	
10.	P/T FRANKLIN 13251 NW	O'NE	EILL	NAME STREET ADORESS	277		B (12/02)	
10. Uits Name Sireei address	P/T FRANKLIN	O'NE	EILL	NAME	277		B (12/02)	
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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 Statutès. 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 it made under path; 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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

O'NEILL

4.18.03

954 632

Daytime Phone #