2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

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Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90340 035 ***150.00

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| Principal Place of Business 905 CLINT MOORE ROAD 905 CLINT MOORE ROAD BOCA RATON FL 33487 Mailing Address 905 CLINT MOORE ROAD BOCA RATON FL 33487 | | | | | | | | | | | |
| 2. Principal Place of Business 3. Mailing Addre | | | ng Address | ddress | | | - | | | | |
| Suite, Apt. #, etc. Su | | | Suite | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | |
| City & State | | | | City & State | | | 4. | FEI Number 65-1142993 | | Applied For Not Applicable | |
| Zip | Country Zip | | | Counti | ry | | | Fee Re | Additional quired | | |
| | 6. Name | and Address of Currer | nt Registered | d Agent | | Name 🚜 | 7. [| Name and Address of New Regi | stered Agent | | |
| GATSOS. | ELAINE M | FSQ. | | | 1 | Ma | ck | WEXHER, CFO | 16 KNp | rbuers, Ac | |
| | | TO PARK ROAD | | | Ì | Street Addre | ess (P.O. B | Box Number is Not Acceptable | מי מי | , , | |
| SUITE 21 | | | | | ļ | | | 777 7770027 7103 | | | |
| BOCA RA | TON FL 33 | 486 | | | | City Roc | A K | RATION | FL Zip | 33487 | |
| | | | for the purpo | se of changing its | registere | d office or reg | gistered ag | gent, or both, in the State of Florida | a. I am familiar | with, and accept | |
| the obligat | tions of regist | ered agent. | | 50 | | | | 4 | 1/1/03 | | |
| SIGNATURE | Signature, typed | or printed name of registered age | ent and title if apptic | cable. (NOTE | E: Registered | Agent signature re | equired when re | einstating) | DATE | | |
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| After | r May 1, 200 | ! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department | | | | | | Election Campaign Financ Trust Fund Contribution. | | 55.00 May Be added to Fees | |
| After Make Check 10. | r May 1, 200 k Payable to | 3 Fee will be \$550.00 | of State | | 11. | | AD | | RS AND DIREC | TORS IN 11 | |
| After Make Check | r May 1, 200 k Payable to DPS | O3 Fee will be \$550.00 O Florida Department OFFICERS AN | of State | ns Delete | TITLE | | AC | Trust Fund Contribution. | A | TORS IN 11 | |
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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 clirector 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:

Daytime Phone #