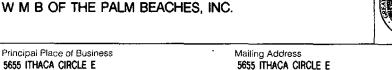
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** 

DOCUMENT #

P01000108062



6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

			CONT. INS.
Principal Place of Business 5655 ITHACA CIRCLE E LAKE WORTH FL 33463		Mailing Address 5655 ITHACA CIRCLE E LAKE WORTH FL 33463 US	
2. Principal Place	ce of Business	3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED** Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90224 039 \*\*\*150.00

2000001 -



Name BRUSH, WAYNE M Street Address (P.O. Box Number is Not Acceptable) 5655 ITHACA CIRCLE E. LAKE WORTH FL 33463 Zip Code City

	·		FL
8.	The above named entity submits this statement for the purpose of changing its registere	ed office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.		

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

Trust Fund Contribution.

DATE

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRUSH, WAYNE M NAME NAME STREET ADDRESS 5655 ITHACA CIRCLE E STREET ADDRESS LAKE WORTH FL 33463 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BRUSH, CYNTHIA NAME STREET ADDRESS 5655 ITHACA CIRCLE E STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33463 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P

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 with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #