FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90368 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000110707

1. Entity Name
WE DARE INC.

Principal Place of Business	Mailing Address
320 S FLAMINGO RD #177 PEMBROKE PINES, FL 33027	320 S FLAMINGO RD #177 PEMBROKE PINES, FL 33027

2. Principal Place of Business	3. Mailing Address
5800 BEACH BLVD	5800 BEACH BLVD
Suite, Apt. #, etc. 203/207	Suite, Apt. #, etc. 203/207
City & State Jacksonville FL	City & State Jacksonville FL
Zip 32207 Country US	Zip 32207 Country US

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BOSTON, JOSEPH K
3800 SW 124TH AVE
MIRAMAR, FL 33027

7. Name and Address of New Registered Agent
Name: BOSTON Joseph K
Street Address (P.O. Box Number Is Not Acceptable): 5800 BEACH BLVD STE 203/207
City: JACKSONVILLE FL Zip Code 32207

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: Joseph K Boston
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOSTON, JOSEPH K 3800 SW 124TH AVE MIRAMAR, FL 33027	☐ Delete	P BOSTON, Joseph K 5800 BEACH BLVD, STE 203/207 JACKSONVILLE FL 32207	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BOSTON, LYNN A 3800 SW 124TH AVE MIRAMAR, FL 33027	☐ Delete	V BOSTON LYNN A. 5800 BEACH BLVD STE, 203/207 JACKSONVILLE FL 32207	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: Joseph K Boston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #