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

## **DOCUMENT #** P01000111658



**FILED** Mar 05, 2003 8:00 am Secretary of State

1. Entity Na	ame GROSS,		0111038	ĺ		03-05-2003 90092 017 ***150.00			
766 RIVERSI	ace of Busines IDE DR INGS FL 33071		Mailing Address 1098 NORTHWEST 82NI CORAL SPRINGS FL 336			1000000 111 0000 0000 0000	P <b>44</b> (() <b>68</b> (8) ((64)	11 <b>53</b> 1 11 <b>515</b> 1114	
2. Principal	Place of Busi	ness	3. Mailing Address						
								*************	4 21401 (G)( (EB)
Suite, Ap			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ate		City & State			4. FEI Number 52-23590	64	<del></del>	Applied For
Zip Country			Zip	Country		5. Certificate of Status Desire		\$8.75 Ac	dditional
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
GROSS, WILLIAM					Name				
3210 S OCEAN BLVD #804 HIGHLAND BEACH FL 33487					Street Address (	Address (P.O. Box Number is Not Acceptable)			
HIGHLAN	D DEACH F	L 33467		-	City		FL	Zip Cod	de
8. The above the obliga	e named entity itions of regist	submits this statement for ered agent.	the purpose of changing its	s registered	d office or register	ed agent, or both, in the State of	Florida. I am fi		
SIGNATURE	Signature, typed	or printed name of registered agent an	d tillo if one lingbla						
Afte Make Checi	ILE NOW!! r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of 9	State		Agent signature required	9. Election Campaign Trust Fund Contribu	Financing tion.	<b>\$5.(</b> Adde	00 May Be
10.	Toto	OFFICERS AND D	IRECTORS	11.		ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Kraft, St 1098 Nort Coral Sp	even Thwest 82ND Terraci Rings fl 33071	□ Delete	TITLE NAME STREET CITY-S'	ADDRESS T-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD GROSS, W 3210 S OC HIGHLAND	ILLIAM EAN,BLVD #804 BEACH FL 33487	☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS 1-ZIP			☐ Change	Addition
TITLE Name Street address City-St-Zip			□ Delete	TITLE NAME STREET CITY-ST	ADDRESS - ZIP	. "		☐ Change	Addition
TITLE NAME STREET ADDRESS SITY-ST-ZIP	;		☐ Delete	TITLE NAME STREET /			[	☐ Change	☐ Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP			☐ Delete	TITLE NAME STREET A	l l		Ē	Change	Addition
TTLE AME TREET ADDRESS ITY-ST-ZIP			☐ Delete -	TITLE NAME STREET A CITY-ST-	DDRESS			☐ Change	Addition

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 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 true exemptons are empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3 s 3 954-835-043 s
Date Daytime Phone \*