Principal Place of Business 340 WINDING OAKS DR. LONGBOAT KEY FL 34228 2. Principal Place of Business 340 WINDING OAKS DR. LONGBOAT KEY FL 34228 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc. 3. Mailing Address 3.	ATION T (UBR)	FILED Apr 10, 2003 8:00 ar Secretary of State 04-10-2003 90115 022 ***158.75
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip		
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Zip Country Zip 8. Name and Address of Current Registered Agent ZUCKERMAN, LEONARD J 3408 WINDING OAKS OR. LONGBOAT KEY FL 34228 8. The above named entity submits this statement for the purpose of changing its in the obligations of registered agent. SIGNATURE Signature. typed or writed name of registered agent and title 1 applicable. (NOTE FILE NOW11 REF IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 0 ID OFFICERS AND DIRECTORS ID ZUCKERMAN, LEONARD J State Addesses Delete AME ZUCKERMAN, ADELE S 3408 WINDING OAKS DR. Delete LONGBOAT KEY FL 34228 Delete THE Delete AME CONGBOAT KEY FL 34228 THE Delete AME Delete THE Delete AME Delete THE Delete AME Delete THE Delete AME Delete THE Delete		CHECK HERE IF MAKING CHANGES
B. Name and Address of Current Registered Agent ZUCKERMAN, LEONARD J 3408 WINDING OAKS DR. LONGBOAT KEY FL 34228		4. FEI Number 01-056 1450 Applied For Not Applicable
B. Name and Address of Current Registered Agent ZUCKERMAN, LEONARD J 3408 WINDING OAKS DR. LONGBOAT KEY FL 34/228 8. The above named entity submits this statement for the purpose of changing its: the obligations of register fc agent. SIGNATURE Signature, typed or partner of registered agent and still if applicable. (NOTE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Filorida Department of State D. OFFICERS AND DIRECTORS TILE D ZUCKERMAN, LEONARD J 3408 WINDING OAKS DR. LONGBOAT KEY FL 34228 TILE D ZUCKERMAN, ADELE S 3408 WINDING OAKS DR. LONGBOAT KEY FL 34228 TILE ME TILE D Delete AME TILE D Delete TILE D DELE D D DELE D D D D D D D D D D D D D	Country	5. Certilicate of Status Desired
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LONGBOAT KEY FL 34228	Street Address //	P.O. Box Number is Not Acceptable)
A. The above named entity submits this statement for the purpose of changing its it the obligations of register a agent. IGNATURE Signature, hyped or annead entities agent and tits if applicable. IIE IIE IIE IIE IIE IIE IIE IIE IIE I	Street Address ()	
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TILE D CLEAR CONTROL OF CONTROL OF CLEAR	Registered Agent signature required	when reinstalling) DATE 9. Election Campaign Financing \$5,00 May Be Trust Fund Contribution. Added to Fees
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I hereby certify that the information supplied with this filing does not qualify for t indicated on this report or supplemental report is true and accurate and that my of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address with all other like empowered.	sionature shall have the sa	ame legal effect as if made under path; that I am an officer or director
SIGNATURE: Charles of the factor	ED	3/18/03 941-383-6675