FILED Apr 22, 2003 8:00 am Secretary of State

UNIFO	RM BI	USINESS	CORPORA REPORT	(UBR)
2,003	FOR I	PROFII	CORPURA	IIUN

1. Entity Nam		00012525				03-06-2003 901	15 004 ***	150.00		
Principal Place of Business 775 8TH COURT SUITE 6 VERO BEACH FL 32962		Mailing Address 775 8TH COURT SUITE 6 VERO BEACH FL 32962								
Principal Place of Business 3. Malling Add		3. Mailing Address	Address		\neg	E SMETIKUL TIS ORFIG AIBII ORINI DOITI OBYLI BA	LOU HOTE ITOMI DITIE	I PANDE DEIT EN ial		
Suite, Apt. #, etc. Si		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number Applied For O2-0546428 Not Applied For A					
Zip	Country	Zip Cour		ntry		5. Certificate of Status Desired				
	6. Name and Address of Curren	t Registered Agent.	·	1	7.	Name and Address of New Registers	d Agent			
<u>. </u>				Name			الم المستور والمستميد	·		
-	PYLANT, ALEXANDRA			Street Address (P.O. Box Number is Not Acceptable)						
SUITE 6					· ·		<u> </u>	- ;		
	ACH FL 32962			City			Zip Coo	I		
8. The above named entity submits this statement for the surpose 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 Signature, typed orbitided name of registered agent and tife if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	of State				Election Campaign Financing Trust Fund Contribution.		OO May Be d to Fees		
10.	OFFICERS AND	DIRECTORS	11.		Al	ODITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PYLANT, ALEXANDRA E 3329 10TH STREET SW VERO BEACH FL 32962	☐ Delete					Change	☐ Addition		
TITLE NAME STREET ADDRESS		☐ Delete		E ET ADDRESS			Change	Addition		
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE NAME STREET ADDRESS		☐ Delete	TITU Nam Stre		·· <u></u> -		Change	Addition		
CITY-ST-ZIP TITLE		☐ Defete	CITY	-ST-ZIP			☐ Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP			, ,	E EET ADORESS - ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST-ZIP		☐ Delete					☐ Change	☐ Addition		
12. I hereby of indicated of the correspondent	certify that the information supplied wit on this report or supplemental report in poration or the receiver or trustee emp	th this filling does not qualify to is true and eccurate and that re owere to execute his report	r the exe ny signal as requir	mption stated in lure shall have th red by Chapter 6	Section e same 07, Flori	119.07(3)(i), Florida Statutes. I further olegal effect as if made under oath; that da Statutes; and that my name appear	certify that the i I am an officer s in Block 10 or	nformation or director r Block 11 if		