2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT

| DOCUMENT # P0200015948 1. Entity Name WILL NO-NO, INC. | | | | | | | | 05-02-2003 90728 024 ***150.00 | | | |
|--|--|--|----------------|--|-----------------------|--|-----------------|---|--|---------------------------|-----------------------------|
| Principal Place of Business 550 BILTMORE WAY. SUITE 700 MIAMI FL 33134 | | | | Mailing Address 550 BILTMORE WAY. SUITE 700 MIAMI FL 33134 | | | | | | | |
| 2. Principal Place of Business | | | | 3. Mailing Address | | | | | I IBBILBBI ILI DBITU KUBIL BBLUK BBIKK BBIKI B | | B1881 1811 1881 |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | |
| City & State | | | | City & State | | | | 4. F | FEI Number | | oplied For ot Applicable |
| Zip | Country | | | , | Coun | Country | | | Certificate of Status Desired | \$8.75 Add Fee Require | |
| | 6. Name | and Address of Current F | Register | ed Agent | | | | 7. N | Name and Address of New Register | ed Agent | |
| LIPSITZ, MARC | | | | | | Name PALMER, R. CARL JR. | | | | | |
| 550 BILTMORE WAY, SUITE 700 | | | | | | Street Address (P.O. Box Number is Not Acceptable) 21845 POWERLINE ROAD | | | | | |
| MIAMI FL 33134 | | | | | | | | <u>. 0-1</u> _ | O FOWEREITHE ROAD | | |
| IANI_MAII I F | 30137 | | | | | ļ | | | | | |
| | | | | | | City | D.C | ער∨ | RATION | Zip Cod 3343 | |
| the obligati | named entity ions of regist | submits this statement for erad gent. | the purp | | | ed office or | register | ed age | ent, or both, in the State of Florida. $1a$ | am familiar with, | and accept |
| SIGNATURE - | Signature, typed | or printe an ine of registered agent a | nd title if ap | | | d Agent signatu | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of | | | | | | | | | Election Campaign Financing Trust Fund Contribution. | | May Be |
| 10. | | OFFICERS AND D | DIRECTO | ORS | 11. | | | AD | DITIONS/CHANGES TO OFFICERS A | ND DIRECTOR | S IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Lipsitz, N 550 biltn Miami Fl | IORE WAY, SUITE 700 | | Æ Delete | | ſ | 218 | 45 | R, R. CARL, JR POWERLINE ROAD ATON, FL. 33433 | ☐ Change | X Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | | | 218 | РНҮ 45 | -ENGLER, JEAN POWERLINE ROAD ATON, FL. 33433 | ☐ Change | X Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP- | | | | ☐ Delete | | | T MER 218 | EDI 45 | TH, BRADLEY R. POWERLINE ROAD ATON, FL. 33433 | ☐ Change | X Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | | | | , <u>, , , , , , , , , , , , , , , , , , </u> | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS | | | | ☐ Delete | TITLE NAMI STRE | ł | | | | Change | ☐ Addition |

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 attaching at with an increase with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

REQ. Carl Palmer. Jr.

☐ Delete

04/30/2003

(561)361-1600

Daytime Phone #

Change

Addition