41. Ca.

FILED Apr 10, 2003 8:00 am Secretary of State

OMITORIN	DOSMESS REPORT	(02)1
IINIFORM	BUSINESS REPORT	· /IIRR
2003 FO	R PROFIT CORPOR <i>i</i>	71.10 <i>N</i>

DOCU 1. Entity Nan BULLY'S			00018364				03-20-200	3 90112 01	9 ***	·150.00	
Principal Place of Business 1916 14TH AVE. VERO BEACH FL 32960		Mailing Address 1916 14TH AVE. VERO BEACH FL 32960	1916 14TH AVE.								
Principal Place of Business 3. Mailing Address		3. Mailing Address				1 120) 1001 11 40140 11014 64111 62141 0	FI)(1141 411 1 1641		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF	MAKING CHA	NGES		_	
City & State		City & State		4. FEI	Number 1423277		 	plied For t Applicable	,		
Zip		Country	Zip	Cour	ntry		tificate of Status Desired	Fee R	5 Addi equired	<u></u>	
	6. Name	and Address of Curren	t Registered Agent		·	7.= Nan	ne and Address of New Reg	istered Agent		٠ سند	4
PALMER,	Melissa				Name		smas. Kau	<u>し</u>			
1916 14Th					Street Addres	s (P.O. Box	Number is Not Acceptable)				- 1
	ACH FL 329	60				1916	14th ave	<u> </u>		-	1
					City	Von	Beach,	FL Z	335	960	
8. The above the obligat	named entity	y submits this statement f	or the purpose of changing its	register	ed office or regis	tered agent	or both, in the State of Florid	a. I am familia	with, a	and accept	
SIGNATURE	<u>Q</u>	Jonania	<u>le</u>	E. Booleton	ed Agent signature requ	irad what rainsts		14/20	<u>53</u>		
er er gerå så:	Signature, typed	or printed name of registered agen	t and the ir splintage.	L nightiere	so Again signature requ	II GOT AN HOLL I GOT AN C					4
		FEE IS \$150.00 Fee will be \$550.00	:	1	***		9. Election Campaign Financiary Trust Fund Contribution.			O May Be	
Make Check	Payable to	Florida Department o	of State		1		ilear and commoduler.		-		-
10.		OFFICERS AND		11.		ADDIT	IONS/CHANGES TO OFFICE	RS AND DIRE	CTORS	IN 11	1_
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		CH FL 32300	☐ Delete	· TITL					ange	Addition	
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12. I hereby c	ertify that the	information supplied with	h this filing does not qualify fo	the exe	mption stated in	Section 119	07(3)(i), Florida Statutes, I fur	ther certify tha	the inf	iormation	1
12.71 hereby certify that the information supplied with this filling does not quality 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 recenter 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											1

of the corporation or the receiver or trustee empowered to execuse this report as required by Chapter 607, Florida Statut changed, or on an attachment with an address, with all other like empowered.

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