2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 11, 2003 8:00 am Secretary of State

1. Entity Nam		0021014		05-02-2003 90082 030 ***150.00		
Principal Place of Business Mailing Address 805 SOUTH DR 805 SOUTH DR FT WALTON BCH FL 32547-2252 FT WALTON BCH FL 32547-2252						
2. Principal Place of Business		3. Mailing Address				
Suite, Apl. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number Applied For - Not Applied For - Not Applicable		
Zip	Country	_ Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current F	legistered Agent	<u> </u>	7. Name and Address of New Registered Agent		
· 			Name			
PIKUL, ANTHONY J 70 10 STREET			Street	Street Address (P.O. Box Number is Not Acceptable)		
	R FL 32579			·		
			City	FL Zip Code		
	named entity submits this statement for tions of registered agent.	the purpose of changing it	s registered office of	or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE .	Signature, typed or printed name of registered agent as		TS- Projetered Arrest sings	ture required when reinstating) DATE		
_	<u> </u>	ici das i applicacios. (140	IC. Registered Agent agre	ma adminor with institution)		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS	·	☐ Delete	TITLE NAME STREET ADDRESS	ANTHONY J. PIKUL PRES, Change Addition So HOTH ST SHALIMAR FC, 32579 V. PRES Change Addition & Change Addition		
CITY-ST-ZIP	·		CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRES Change Change Addition & ANTHONY J. PIKUL YO 10th ST. OHALIMAR FL. 32679		
TITLE	······································	☐ Delete	TITLE	☐ Change ☐ Addition ☐		
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	A. J. PILUL SAME		
TITLE NAME		Delete	TITLE NAME	TREWS DIGGE Addition		
STREET ADDRESS	. ž		STREET ADDRESS	TREWS DIKUL Change DAddition A. J. PIKUL		
TITLE		☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition		
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		Delete	TITLE	☐ Change ☐ Addition		
NAME		,	NAME			
STREET ADDRESS City-St-Zip			CITY-ST-ZIP			
12. I hereby of Indicated of the con-	certify that the information supplied with to on this report or supplemental report is to position or the receiver or trustee expenses.	his filing does not qualify for tue and accurate and that	r the exemption sta	Led in Section 119.07(3)(i). Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director upter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if		