2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 16, 2003 8:00 am Secretary of State

1. Entity Name		0002289 Inc.	7		05-02-200)3 90136 035 **	*150.00
Principal Place 3407 DUNBAR SARASOTA FL	DR.	Mailing Address 3407 DUNBAR DR. SARASOTA FL 34232			55048387		
						· · · · · · · · · · · · · · · · · · ·	HA MILLANIA
2. Principal Pl	ace of Business	3. Mailing Address				jet .	
Suite, Apt. i	, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State					Applied For Not Applicable
Zip	Country Zip Cou		ntry	5. Certificate of Status Desired	□ \$8.75 Fee Req	Additional uired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
MONVILLE, CAROL LYNN CPA 2300 BEE RIDGE RD., STE. 301				Street Address (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34239				City FL Zip Code			
SIGNATURE _	ons of registered agent. Signature, typed or printed name of registered agent. LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department	•	(NOTE: Registere	rd Agent signeture requin	9. Election Campaign Fi Trust Fund Contribution		5.00 May Be ded to Fees
10.	OFFICERS'AND		11.		ADDITIONS/CHANGES TO OF		
NAME STREET ADDRESS CITY-ST-ZIP	PRESONT DITM ARES 3407 DUNGAR OR SARAGURA FR	?~! ?}.2 !ne □ 0!	NAM STRE	į.		☐ Chang	De
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ 0 ₄	NAM STRE	1	-	Chang	
TITLE					•	Chang	e 🔲 Addition
STREET ADDRESS CITY-ST-ZIP				ET ADORESS -ST-ZIP		·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· 🗖 0e	NAM! STRE	T T		☐ Chang	pe Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. De	NAMI STRE	i i		Chang	e 🔲 Addition
TITLE NAME		□ De				Change	e 🔲 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 attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SUCH THE REQUIRED SECURD OF PRINTED NAME OF SKINNING OFFICER OR DIRECTOR

4/30/03

941-311-8989 Davime Phone #