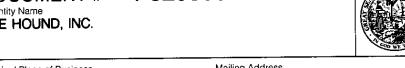
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P02000025998

1. Entity Name SITE HOUND, INC





SITE HOUS	4D, 114O.							
6169 JOG ROAD UNIT C-5 6169 JOG R		Mailing Address 6169 JOG ROAD UNIT (LAKE WORTH FL 33467	C-5		ė.	88318 M981 81H8		
2. Principal Place of Business		3. Mailing Address 6169 JOG RD						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State	KE WORTH, FL	City & State	RTH FL	FEI NU	mber -0636225		Applied For Not Applicable	
Zip 334	Country	^{Zip} 3346つ	Country USA	5. Certific	cate of Status Desired	\$8.75 Fee Rec	Additional quired	
	6. Name and Address of Current	Registered Agent			and Address of New Regis	tered Agent	·	
O'CONNEL		Name	Street Address (P.O. Box Number is Not Acceptable)					
	ROAD UNIT C-5				 			
LAKE WOR	TH FL 33467		City			FL Zip	Code	
	named entity submits this statement for ons of registered agent.	r the purpose of changing i	ts registered office or regis	stered agent, o	r both, in the State of Florida	. 1 am familiar	with, and accept	
SIGNATURE	2046	and title if applicable. (NO	DTE: Registered Agent signature req	uired when reinstatin		13/03 DATE		
FIL	E NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00				Election Campaign Finance Trust Fund Contribution.		55.00 May Be	
Make Check	Payable to Florida Department of	f State			TO OFFICE	DC AND DIDEC	TORS IN 11	
10.	OFFICERS AND		11.	ADDITIO	DNS/CHANGES TO OFFICE	RS AND DIREC		
	DIRECTOR	☐ Delete	TITLE NAME				3	
NAME STREET ADDRESS	ESLEYJ. O'CONNB 7273 WINDEN CT.	u	STREET ADDRESS				·	
CITY-ST-ZIP	ALLE WORTH FL 3	3467	CITY-ST-ZIP					
TITLE	DP.	☐ Delete	TITLE			☐ Ch	ange Addition	
1.	ROYMONOJ. BORDI 7351 TILLMAN DK.	きん	NAME STREET ADDRESS					
	LAKE WORTH FL 3	3467	CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Chi	ange	
NAME		s ambout a serie of them is	NAME	* 6	•.•		- · · · - ·	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP			□ Ch	ange Addition	
TITLE		☐ Delete	TITLE				unge C reducen	
NAME STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	Ŧ		CITY-ST-ZIP					
TITLE		Delete	TITLE			☐ Ch	ange	
NAME			NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
			TITLE		 	☐ Ch	ange Addition	
TITLE NAME		Delete	NAME				}	
STREET ADDRESS	•		STREET ADDRESS				{	
CITY-ST-ZIP			CITY-ST-ZIP					
12. I hereby c	ertify that the information supplied wit	h this filing does not qualify is true and accurate and the	for the exemption stated in the formal formal formatter in the formatter of the formal	in Section 119.0 the same legal	07(3)(i), Florida Statutes. I fu effect as if made under oatl	rtner certify tha n; that I am an c	trne information officer or director	

SIGNATURE:

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