2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT



FILED Feb 28, 2003 8:00 am Secretary of State

| Zip Country Zip Country 5. Certificate of Status Desired \$8.75 / Fee Requirement of State Country 5. Certificate of Status Desired \$8.75 / Fee Requirement of State 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named enfity sylomits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES 11. | S Applied For Not Applicable Iditional |
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| Zip Country Zip Country 5. Certificate of Status Desired \$8.75 / Fee Required Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Name PAULINE MARGE STORES (P.O. Box-humber is Not proposable) BikL MCFARLAND, P.A. 7. Name and Address of New Registered Agent 8. Name PAULINE MARGE STORES (P.O. Box-humber is Not proposable) City Cape Community is Not proposable of City Cape Community of National Street Agent 1. Signature Agent signature required when reinstating) B. The above named entity schemits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. Signature March 1. Signa | lot Applicable |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8 HL MCFARLAND, P.A. 717-SESAME COURT CAPE CORAL FL 33904 City Cape Coral FL 33904 City Cape Coral FL 2795 8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. SIGNATURE Signature Agent adjustered Agent Agent adjustered Agent Agent adjustered Agent Agent adjustered Agent | dditional |
| Name PAULINE MARION PAULINE MARION PAULINE MARION PAULINE MARION MARION PAULINE PA | |
| Bit MOFARLAND, P.A. 717 SESAME COURT CAPE CORAL FL 33904 Street Address (P.O. Box Aumber is Not Sceptable) City Cape Comut FL Zip Sc. 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent or preliative agent and title if applicable. SIGNATURE FILE NOW!!! FEE IS £150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME ROMAN, FELIPE ROMAN, FELIPE CAPE CORAL FL 33904 TITLE NAME STREET ADDRESS CITY-ST-ZIP MARION, PAULINE WARION, PAULINE STREET ADDRESS CITY-ST-ZIP MARION, PAULINE STREET ADDRESS CAPE CORAL FL 33904 TITLE NAME STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 TITLE NAME STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP CAPE CORAL FL 33904 TITLE NAME STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP CAPE CORAL FL 33904 | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. SIGNATURE | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. SIGNATURE Synctrum, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS 6150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 11. Change 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 17. ST. ZIP 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 19. Election Campaign Financing 10. ADDITIONS/CHANGES TO OFFICERS 11. ADDITIONS/CHANGES TO OFF | auy, |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 indicated on this report or supplemental report is true and accurate and that my signature shall have the same least of the statutes. | |

of the corporation or the receiver or mostee 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.

SIGNATURE:

Date

Daytime Phone #