## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000026433

1. Entity Name

TRYING TIMES, INC.



**FILED** Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90101 015 \*\*\*150.00

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Principal Place of Business  1069 N. COLLIER-BLVD.	Mailing Address			7				
MARCO ISLAND FL 34145	1969 N. COLLIER BLVD. MARCO ISLAND FL 3414							
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0.00								
2. Principal Place of Business 1089 N. Collier Blud	3. Mailing Address	11(0 8	لمبيا	-  1   100   100   11   11   11   11   1				
Suite, Apt. #, etc. Suite, Apt. #, etc.			Ivd.					
#421	June, Apr. #, etc.	421		СНЕСК НЕ	RE IF MAKING	CHANGE	S	
City & State	City & State			4. FEI Number			Applied For	$\neg$
Marcaisland, FL	Marcozsla	ind, F		30-00523	00		Vot Applicable	e
34145 Country	3414S	Country	<b>4</b> ~	5. Certificate of Status Desire	d $\square$	\$8.75 A	dditional	7
6. Name and Address of Current F		4		7. Name and Address of Ne	_ ,	Fee Requir	ed	_
NAME OF THE PARTY		Nam	10	Trainio una Address Of Ne	w negistereu A	gent		_
NAPLES-LAWDOCK, INC.		Stro	at Addroon (F	DO Devikhania in Mark		<del></del>		╛
4501 TAMIAMI TRAIL NORTH, SUITE 300		300	ar varaitess (F	P.O. Box Number is Not Accepta	ibie)			
NAPLES FL 34103			<del></del> -					$\dashv$
		City				Zip Cod		-
8. The above named entity submits this statement for	the numose of changing its	rogintored -61-			F <u>L</u>			
The above named entity submits this statement for the obligations of registered agent.	ing purpose of changing its المرث	registered offici NOM. A	brolog	ed agent, or both, in the State of	Florida. I am fa	miliar with	, and accept	
SIGNATURE & John M. alaston		5 de/	0 100191 11	(NJ#Y)				
Specifiere, typed or printed name of registered agent an		: Registered Agent si	gnature required v	when reinstating)	DATE			
FILE NOW!!! FEE (S \$150.00		* ***			<del>.</del>			$\dashv$
After May 1, 2003 Fee will be \$550.00				9. Election Campaign			<b>)0</b> May Be	
Make Check Payable to Florida Department of				Trust Fund Contribu	tion.	Adde	d to Fees	
10. OFFICERS AND D	<del></del>	11.		ADDITIONS/CHANGES TO O	FFICERS AND I	DIRECTOR	S IN 11	+
NAME . John m. Abrahai	Delete	TITLE				☐ Change	Addition	16
STREET ADDRESS 90 South Seas C	<i>†</i>	NAME STREET ADDRES						1
CITY-ST-ZIP Marco Island,	FL 34145	CITY-ST-ZIP	·					5
IIILE SOLO CONTRACTO		TITLE				Change	Addition	15.
STREET ADDRESS CHARTY STORM GITY-ST-ZIP GO SO WHO SEAS, C	<del>Т</del>	NAME:			·	onange		5
CITY-ST-ZIP 9050WT JEOJ C	,. 2010 C	STREET ADDRES	S.					
- Mar Cor Toron	<u> </u>	CITY-ST-ZIP	<del> </del>					
- I CEASONEC	Delete Delete	NAME			[	Change	Addition	
TREET ADDRESS JOHN M. AGRAHAM GO SOUTH SEOS O	†	STREET ADDRESS	s					
Marco Island	EC 34142	CITY-ST-ZIP						
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		STREET ADDRESS	:	•				
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REET ADDRESS		NAME			l	,		
TY-ST-ZIP	İ	STREET ADDRESS	1				}	
		CITY-ST-ZIP						

I hereby certify thatithe 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 Chapter 607. Florida Statutes. I further certify that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes. I further certify that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes. I further certify that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes. I further certify that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes. I further certify that the information indicated on this report as the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes. I further certify that the information indicated on this report is reported by Chapter 607. Florida Statutes. I further certify that the information indicated on this report is reported by Chapter 607. Florida Statutes. I further certify that the information indicated on this report is reported by Chapter 607. Florida Statutes. I further certify that the information indicated on this report is reported by Chapter 607. Florida Statutes. I further certification indicated on the indicate

SIGNATURE: X

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Date