2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 28, 2003 8:00 am Secretary of State 04-16-2003 90172 003 ***150.00

Daytime Phone #

1. Entity Nan								
Principal Place 520 SE 51H /	7							
2. Principal F /e 2 Suite, Apt.	v 72 Covat		CHECK HERE IF MAKING CHANGES					
Piny & Stat	tation FL.	PLAN FATCOW	FL		4. FEI Number 27-00215	04		ed For opplicable
333v		33304	Manus u	d	5. Certificate of Status Desired	Fee F	5 Addition	onal
6. Name and Address of Current Registered Agent REILLY, WALTER A St ST FPLATIFERDATE FL 83301. Ci					7. Name and Address of New Rec ALTER A. Le 10. Box Number is Not Addreptible)	FI Z	ip Code	
8. The above named entity submits this statement for the pourpole of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or primed name of registered agent and title if appricable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. Added to Fees							Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D PREILLY, DONNA M 520 SE STH AVE STE 3307 ET-LAUDERDALE FL-83301	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PA	additions/changes to office to 208 NW 75 C (Autatoow, A	ovet	hange [CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DV REILLY, WALT 520 SE STH AVE STE 3307 FT-LAUDERDALE FL 33301	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ph	lautatoow, Floring Floring	w/ 1333	nange [Addition &
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				nange [Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		/ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				nange [Addillon
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE HAME STREET ADDRESS CITY-ST-ZIP			C	nange [Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		cr		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 Chanter 507, 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 Chanter 507, Florida Statutes, I further certify that the information indicated in the receiver of the corporation or the receiver or trustee empowered to execute this report as required by Chanter 507, Florida Statutes, I further certify that the information indicated in the receiver or trustee.								
SIGNATURE: SCONALIZED IN PLANTED								