2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2003 8:00 am Secretary of State

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Principal Place 150 EVERNIA JUPITER FL			Mailing Address 150 Evernia St. Jupiter FL 33458		.			 			
	Place of Business	3.	, Mailing Address]	V CARTIONAL LIN MADAN HIN IA MATAN N		100 \$114) 136 10		
Suite, Apt	· 		Suite, Apt. #, etc.		<u></u> .		CHECK HERI	E IF MAKING			_
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Zip	Country		Zip	Cour			Certificate of Status Desired		8.75 Ad ee Require		<u>]</u>
	6. Name and Add	ress of Current Regi	stered Agent		Name	7. N	lame and Address of Nevr	Registered A	gent		
PRIOR, S	TEVEN R		 .	-	,-		·				_
150 EVER	inia st.				Street Address	(P.O. Bo	ox Number is Not Acceptab	le)]
JUPITER I	FL 33458				 		·				
					City			FL	Zip Cod	e .	
	named entity submits to tions of registered agen		purpose of changing its	registere	ed office or registe	red age	ent, or both, in the State of F	lorida. I am fa	millar with,	and accept	7
SIGNATURE	Signature, typed or printed near	e of registered agent and tritle	of applicable. (NOTE	Registere	d Agent signature require	d when rein	nstating)	DATE			
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indicated of the corp	on this report or supple	mental report is true : or trustee empowere:	and accurate and that m d to execute this report a	y signatı	ire shall have the s	same leg	19.07(3)(i), Florida Statutes. gal effect as if made under a Statutes; and that my nam	oath; that I am	an officer of	or director	

SIGNATURE:

4/19/03

Form SS-4

EIN						
· OMB No	1545-0003	_				

4b City, state, and ZIP code 4b City, state, and ZIP code 5 County and state where principal business is located PALM & CACH COUNTY FL 7a Name of principal officer, general partner, grantor, owner, or trustor STEVEY P. PR OR C. PR OR C. a Type of entity (check only one box) Sole proprietor (SSN)	(Rev. December	,	government a	igencies, Indian tribal er	ntities, certain i	ndividuals, ar	nd others.)		
2 Trade name of business (if different from name on line 1) 3 Executor, trustee, "care of name 4e Malling address (from, sut, suite no. and street, or P.O. box) 150 ENERATION 5 TOZETT 4b City, state, and ZiP code 3 TOZETT 5 SCLUCK (C. State, and ZiP code 3 TOZETT 7e Name of principal business is located PALM SCACH COUNTY, FL 7e Name of principal foliage, general partner, grantor, owner, or trustor STEVER (C. PROFILE PARTNERS) 10 Proposed officer, general partner, grantor, owner, or trustor STEVER (C. PROFILE PARTNERS) 10 Proposed officer, general partner, grantor, owner, or trustor STEVER (C. PROFILE PARTNERS) 10 Proposed officer, general partner, grantor, owner, or trustor STEVER (C. PROFILE STEVER) 10 Proposed officer, general partner, grantor, owner, or trustor STEVER (C. PROFILE STEVER) 10 Proposed of the first owner of the filed (C. PROFILE STEVER) 10 Proposed officer, general partner, grantor, owner, or trustor State of the proposed officer, general partner, grantor, owner, or trustor STEVER (C. PROFILE STEVER) 10 Proposed officer, general partner, grantor, owner, or trustor State of the composition of the filed (C. PROFILE) State of the composition of the filed (C. PROFILE) State of the composition of the filed (C. PROFILE) State of the composition of the filed (C. PROFILE) State of the proposition of the filed (C. PROFILE) State of the proposition of the filed (C. PROFILE) State of the proposition of the filed (C. PROFILE) State of the business (specify (type) > DELECTION State of the business (specify (type) > D			► See separate	e instructions for each li	ne. ► Keep	a copy for y	our records.	OMB No.	1545-0003
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Corporation (enter form number to be filed) SS-4	ي Sole	proprietor (SS	N)	1 22	□Pl	an administrat	tor (SSN)		
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