2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (UBR)					Apr 21, 2003 8:00 am
DOCU 1. Entity Nam RON BUI	00037914 c.			Secretary of State 04-21-2003 91204 004 ***158.75	
•	e of Business NN HEAD DR. FL 32935	Mailing Address 2734 FOUNTAIN HEAD DR. MELBOURNE FL 32935		ETTE	
2. Principal P 2734 Suite, Apt.		3. Mailing Address 2734 Foundain Suite, Apt. #, etc.	hecd t	Stud.	CHECK HERE IF MAKING CHANGES
City & Stat	e	City & State			4. FEI Number 02 - 05 89 2 31 Applied For Not Applicable
Zip	Country	Zip .	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent
BURGER, 2734 FOU MELBOUF		Street Address (P.O. Box Number is Not Acceptable) 3734 Fountainhead Blvd.			
			City FL Zip Code		
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, and accept the obligations of registered agent. SIGNATURE Signature, typed or plinted name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
After Make Check	State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Burger, Ronald 2734 Fountain Head Dr. Melbourne Fl 32935	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Presi 273	dent
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TITLE NAME		□ Delete _	TITLE NAME		Change 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 cirector 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 changed, or on an attackment with an address, with an other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

321-757-3297

Daytime Phone #

;R2E034 (10/02)