2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000038510 DOCUMENT



FILED Mar 26, 2003 8:00 am Secretary of State

CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS	AONEA IN								03-26-2003	90153	023 ***15	0.00	
Surfa, Apt. #, etc. City & State City & Cit	5400 NORTH DIXIE HIGHWAY SUITE 6		5400 NORTH DIXIE HIGHWAY SUITE 6										
City & State Country September Market	2. Principal P	lace of Business	3. Ma	3. Mailing Address				-					
Security	Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name	City & State	9	City	/ & State				4 . F	El Number	716		• •	}
FERREIRA, MICHAEL 15789 GLEN WILLOW LANE WELLINGTON FL 33414 City FL Zio Code	Zip	Country	Zip		Coun	try		5. C	Certificate of Status Desired				
FERREIRA, MICHAEL 15769 GLEN WILLOW LANE WELLINGTON FL 33414 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. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the both in the familiar with, and accept the familiar wi		6. Name and Address of Curren	t Register	ed Agent			,	7. N	Name and Address of New R	egistered	Agent		7
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B. The above named entity submits his 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 cobligations of registered agent. SIGNATURE Signature, tiped or smeditered agent and the if applicable INCYTE. Registered Agent alignature readled when remaining Incyte Incyt Incyte Incyte Incyte Incyte Incyte Incyt Incyte	WELLING	ON FL 33414											
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of the corporation or the receiver of 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 attachment with an address with all other like empowered.

SIGNATURE: