FILED

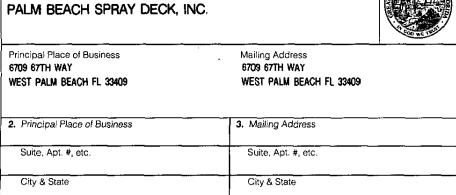
Jun 02, 2003 8:00 am **Secretary of State**

06-02-2003 90187 049 ***150.00

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

DOCUMENT #

P02000042509 1. Entity Name



		CHECK HERE	IF MAKING	CHANG	E2
4.	FEI Number				Applied For

04-3636744 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SLASKI, ROBERT J JR. -Street Address (P.O. Box Number is Not Acceptable) 6709 67TH WAY **WEST PALM BEACH FL 33409**

City

(NOTE: Registered Agent signature required when reinstating)

8.	The above named entity submits this statement for the purpose of changing	ing its registered office or regis	stered agent, or both, in the Stat	te of Florida. I am famili	iar with, and accept
	the obligations of registered agent.	None.			

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Clake Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable.

SIGNATURE

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change NAME SLASKI, ROBERT J JR NAME STREET ADDRESS STREET ADDRESS 67th WAY PALM BEACH FL 33409 CHTY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change X Addition TITLE S/TT MAESTRE, PAMELA NAME NAME 6709 67th WAY STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33409 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete TITI F ☐ Change

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 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

Date Daytime Phone #

Ottachment DO# P02000042509

PALM BEACH SPRAY DECK, INC 6709 67TH WAY WEST PALM BEACH FL 33409

30-May-03

DIVISON OF CORPORATIONS UNIFORM BUSINESS REPORT FILING P.O. BOX 1500 TALLAHASSEE, FL 32302-1500

DEAR SIR:

I AM REQUESTING WAIVER OF THE FAILURE TO FILE PENALTY-OF \$400.00 -- 1 -- 1 --

I HAVE HAD EXTENSIVE FLOOD DAMAGE TO MY HOUSE DUE TO ROOF PROBLEMS. THIS HAS LEFT US WITH MILDEW PROBLEMS INSIDE THE WALLS AND IN ADDITION, HEALTH PROBLEMS.

I HAVE BEEN INVOLVED IN A LAW SUIT AGAINST THE CONDO ASSOCIATION TO CORRECT THIS DAMAGE. I HAVE BEEN TIED UP WITH ATTORNEYS OVER THIS AND AS A RESULT, I COMPLETEL FORGOT ABOUT FILING FORM 2003.

SINCERELY,

ROBERT J SLASKI JR PRESIDENT