ton in

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/2

FILED Feb 21, 2003 8:00 am Secretary of State 01-21-2003 90217 019 ***150.00

Daylime Phone #

ANCELOS, NICHOLAS G 1602 THUMBPOINT DRIVE FT PIERCE FL 34949 Signature, typed or printed name of registered agent and size if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICER MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME D Delete TITLE NAME NAME DELETE DELETE DELETE DELETE NAME D Delete TITLE NAME NAME DELETE D Delete TITLE NAME NAME DELETE D Delete TITLE NAME D D D D D D D D D NAME D D D D D D D D D	S8. Fee stered Ager	CHANGES AND NO 8.75 Add Require	pplied For ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country 5. Certificate of Status Desired Name ANGELOS, NICHOLAS G 1602 THUMBPOINT DRIVE FT PIERCE FL 34949 City 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. the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if supplication. PILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME CITY ST-2P Delete TITLE NAME ITLE NAME STREET ADDRESS CITY-ST-2P Delete TITLE NAME NAME TITLE TITLE NAME TITLE NAME TITLE TITLE	S8. Fee stered Ager	CHANGES AND NO 8.75 Add Require	pplied For ot Applicable
City & State Country Country Country 5. Certificate of Status Desired 7. Name and Address of New Regist Name Name Name Street Address (P.O. Box Number is Not Acceptable) City City 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. the obligations of registered agent. SIGNATURE Signature, typed or primed name of registered agent and size if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Bake Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICER ITILE NAME ANGELOS, NICHOLAS G 1602 THUMBPOINT DRIVE FT PERCE FL 34949 TILE NAME City TILE NAME NAME STREET ADDRESS CITY-ST-ZP TILE NAME Delete TILE NAME STREET ADDRESS CITY-ST-ZP TILE NAME Delete TILE NAME TILE TILE NAME TILE NAME TILE NAME TILE NAME TILE TILE NAME TILE NAME TILE NAME TILE TI	Stered Ager	8.75 Ad	pplied For ot Applicabl
Zip Country Zip Country 5. Certificate of Status Desired Country 5. Certificate of Status Desired 4. Certificate of Status Desired 5. Certificate of Status Desired 4. Certificate of Status Desired 4	Fee stered Ager	8.75 Ad se Require	ot Applicabi
8. Name and Address of Current Registered Agent 7. Name and Address of New Regist ANGELOS, NICHOLAS G 1602 THUMBPOINT DRIVE FT PIERCE FL 34949 City 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. the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICER ITILE NAME ANGELOS, NICHOLAS G 1602 THUMBPOINT DRIVE FT PIERCE FL 34949 TILE NAME Delete	Fee stered Ager	e Require	
ANGELOS, NICHOLAS G 1602 THUMBPOINT DRIVE FT PIERCE FL 34949 City 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. the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if application. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICER TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Delete TITLE NAME TITLE NAME Delete TITLE NAME Delete TITLE NAME TITLE NAME Delete TITLE NAME TITLE NAME Delete TITLE NAME TITLE NAME TITLE NAME Delete TITLE NAME TITLE NAME Delete TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME		ent	
ANGELOS, NICHOLAS G 1602 THUMBPOINT DRIVE FT PIERCE FL 34949 City 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, the obligations of registered agent. SIGNATURE Signanue, typed or prined name of registered agent and tipe if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICER ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Delete TITLE NAME Delete TITLE NAME Delete TITLE NAME Delete TITLE NAME TITLE Delete TITLE NAME TITLE TITLE NAME			
### 1602 THUMBPOINT DRIVE FT PIERCE FL 34949 City			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financia Trust Fund Contribution. Make Check Payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICER		<u>-</u>	 .
TITLE NAME Signature of registered agent and use if applicable. Signature of registered agent and use if applicable. (NOTE: Registered Agent algorithms required when reinstabling) Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent algorithms required when reinstabling) 9. Election Campaign Financia Trust Fund Contribution. In OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICER IN AME ANGELOS, NICHOLAS G STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FL	Zip Cod	de.
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICER TITLE DANGELOS, NICHOLAS G STREET ADDRESS CITY-ST-ZIP FT PIERCE FL 34949 CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			00 May Be
TITLE D Delets TITLE NAME ANGELOS, NICHOLAS G STREET ADDRESS CITY-ST-ZIP TITLE NAME Delets TITLE NAME DELET DELETE DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DELETE NAME STREET ADDRESS CITY-ST-ZIP			d to Fees
NAME NAME ANGELOS, NICHOLAS G STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME			
TITLE Delete TITLE NAME OTTEST ADDRESS		Change	Additio
SINEEL AULINESS	· .	Change	☐ Additio
TITLE Delete TITLE	C	Change	Additio
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Additk
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 1 hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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; 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; indicated on this report or supplemental report is true and accurate this report or required by Chepter 507. Florida Statutes and that my agma agma agma agma agma agma agma a		Change	Additio