2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000048246 **DOCUMENT #**

1. Entity Name



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90108 048 ***150.00

Principal Place of Business PO BOX 211774 WEST PALM BEACH FL 33421 Mailing Address PO BOX 211774 WEST PALM BEACH FL 33421 WEST PALM BEACH FL 33421				
			3421	
2. Principal Pla	ace of Business	3. Mailing Address		
*Suite; Apt. #	, etc	Suite, Apt. #, etc.		CHECK-HERE'IF MAKING'CHANGES
City & State		City & State		4. FEI Number 37- 1428981 Applied For Not Applicable
Zipi	Country	Zip	Country	5. Certificate of Status Desired
<u> </u>	6. Name and Address of Current Re	egistered Agent		7. Name and Address of New Registered Agent
			Name	
ANDERSON 154 SAND	N, DONOVAN A V LANE		Street Address	(P.O. Box Number is Not Acceptable)
	LM BEACH FL 33411			
			City	FL Zip Code
the obligation	ons of registered agent.	_	registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept red when reinstating)
FI After Make Check	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State	11.	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	OFFICERS AND D	Delete	TITLE	☐ Change ☐ Addition
NAME	ANDERSON, DONOVAN A PO BOX 211774 WEST PALM BEACH FL 33421		NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME		☐ Delete	TITLE NAMESTREET-ADDRESS-	☐ Change ☐ Addition
STREET ADDRESS. CITY-ST-ZIP			CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition 1 Section 119.07(3)(i), Fiorida Statutes. I further certify that the information 1 Section 119.07(3)(ii), Fiorida Statutes. I further certify that I am an officer or director

Thereby certify that the information supplied with this limit documents and that my signature shall have the same legal effect as if made under oath; that I am an officer or director 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 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 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 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 indicated on this 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 indicated on this 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 indicated on this report is true.

SIGNATURE:

SIGNATURE REQUIRED-

561-310-9621