2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

SIGNATURE:

P02000055489

1. Entity Name

AMERICAN REPORTING, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90159 026 ***150.00

Principal Place of Business 969 BEACHLAND BOULEVARD VERO BEACH FL 32963		Mailing Address 969 BEACHLAND BOULEVA VERO BEACH FL 32963	ARD		
2. Principal Place of Business		3. Mailing Address) (BEILES) (II 30118 31011 3011) 08/11 40/11	a aile aile anns taite and teach
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State	9	City & State		4. FE Number 04-3673822	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current F	legistered Agent		7. Name and Address of New Registere	d Agent
1840 SW 2 4TH FLOO MIAMI FL 3	R 33145	the purpose of changing its	Unit City Ver	(P.O. Box Number is Not Acceptable) (P.O. Box Number is Not Acceptable)	L 320960
Signature, typed or printed name of existered agent and title if applicable. (NOTE: Registered Agent signature required when printing) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May					\$5.00 May Be Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HODGES, NANCY P 969 BEACHLAND BOULEVARD VERO BEACH FL 32963	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition 2000
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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.					

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR