2003 FOR PROFIT CORPORATION

FILED Mar 10, 2003 8:00 am

	THE CITTLE DOSING	33 KEPUI	KI (UB	SR)	¹ Secret	tary of State
1. Entity t	CE COMPANIES, INC.	0056041			7	93 90198 033 ***150.00
Principal Place of Business 1900 NW CORPORATE BLVD SUITE 302E BOCA RATON FL 33433 Mailing Address 1900 NW CORPORATE BL BOCA RATON FL 33433			BLVD SUITE 302	E		Ü EBIH ENGERINE BULLERIN SIRIN SIRIN I
2. Principa 2/C Suite, A	058000	J 07.	CHECK HERE	IF MAKING CHANGES		
City & S	tate ARATON, FL			4. FEI Number	·	
Zip	Country	BOCAPA		<u></u>	<u>-04-36434</u>	Applied For Not Applicable
334		32432	Country	i	5. Certificate of Status Desired	\$8.75 Additional Fee Required
 	6. Name and Address of Current R	egistered Agent		 -	7. Name and Address of New R	egistered Agent
FINANCI	AL FOUNDATIONS, INC.		Nam	Jest	- 	
3150 SANDY RIDGE DR			Stree	Address (P	O. Box Number is Not Acceptable)	
CLEARWATER FL 33761				200	4 (COTODOWN C	
	•		Cit			<u> </u>
8. The above named entity submits this statement or the purpose of changing its registered office or registered the obligations of registered agent.					1 RATON)	FL Zip Code
the obliga	ations of registered agent.	he purpose of changing its	registered office	or registered	agent, or both, in the State of Flori	da. I am (amiliar with, and accept
SIGNATURE	(///_					1 13
	Signature, typed or printed name of registered agent and	(I/In if applicable. (NOTE	: Régistered Agent sig	nature required wi	en (einsteine)	1-13-03
í	FILE NOW! FEE IS \$150.00				1	DATE
Afte Make Chec	er May 1, 2003 Fee will be \$550.00 ok Payable to Florida Department of S	tate			Election Campaign Fina. Trust Fund Contribution.	ncing \$5.00 May Be Added to Fees
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANGES TO OFFIC	
TITLE NAME	PD Weiss, Jeffrey J	☐ Delete	TITLE	I D		
STREET ADDRESS	1900 NW CORPORATE BLVD., SUIT	F 302F	NAME STREET ADDRESS	Jeff	TO TO WELL TOWN CO	. Change Addition S
CITY-ST-ZIP	BOCA RATON FL 33433		STREET ADORESS CITY-ST-ZIP	27	334 Rose town C1	- 2
TITLE		☐ Delete	TITLE	<u> </u>	OCA /GTOW, FL	
NAME STREET ADDRESS			NAME	1		☐ Change ☐ Addition ☆
CITY-ST-ZIP	,		STREET ADDRESS	1		
TITLE		☐ Delete	CITY-ST-ZIP	 		
NAME		- LU DEBU	TITLE NAME	-		☐ Change ☐ Addition
STREET ADDRESS City-si-zip		to the second	STREET ADDRESS	-		
ITILE			CITY-ST-ZIP	<u> </u>	·	
NAME		☐ Delete	TITLE NAME	}		☐ Change ☐ Addition
STREET ADDRESS		•	STREET ADDRESS	1		
CITY-ST-ZIP			CITY-ST-ZIP	I		
MTLE SAME		☐ Delete	TITLE			☐ Change ☐ Addition
TREET ADDRESS			NAME		* · ·	☐ Change ☐ Addition
CITY-ST-ZIP	·		STREET ADDRESS CITY-ST-ZIP	-		
TLE		☐ Delete	TITLE			
AME TREET ADDRESS			NAME			Change Addition

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 changed, or on an attachment with an address, with all gither like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

Ti

CITY-ST-ZIP

REQUIRED

13-03