## **FILED** May 01, 2003 8:00 am Secretary of State 05-01-2003 90419 011 \*\*\*150.00

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

P02000062174

**DOCUMENT #** 1. Entity Name

CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME	SOTION NUMBERS   SOTION   SOTI	D. CARMI				 					
Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   City   St. Certificate of Status Desired   S8,75 Additional Fee Required   S8,75 Additi	Surps, Apt. 9, etc.  Surps, Apt. 9, etc.  Surps, Apt. 9, etc.  Surps, Apt. 9, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Sic Certificate of Status Desired  Sc. Certificate of Status Desired  Sc. Certificate of Status Desired  Sc. Certificate of Status Desired  Regulard  To Name and Address of New Regularder Agent  Name  Name  Name  Street Address (Po. Box Number is Not Acceptable)  Sicret Address (Po. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (Po. Box Number is Not Acceptable)  Sicret Address (Po. Box Number is Not Acceptable)  Sicret Address of the state of Proces.  The Address of the state of Proces.  FLE NOW!!! FEE Is \$150.00  Make Check Papalo to Fordical Department of State  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE NAME  CORALL SPRINGS FL 33067  Diede  THE NAME  CORAL SPRINGS FL 33067  Diede  THE NAME  SIRET ADDRESS  COTY-51-79  Diede  THE NAME  SIRET ADDRESS  COTY-51-79  THE NAME  SIRET ADDRESS  SI	5730 N.W. 46 DRIVE			8010 N UNIVERSITY DR SECOND FLOOR						
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   Country   S. Certificate of Status Desired   S8.75 Additional Fee Required   S8.75 Additional Fee Req	City & State    City & State   City & City & State   City & State   City & City & State   City & State   City & City & City & State   City & City & City & State   Ci	2. Principal P	lace of Business	3. Mailing Address			1			10011 (111 151)	
Zip Country Zip Country S. Certificate of Status Desired Se. 75 Additional Fee Required  S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  ROBERT D LETTMAN P.A. 8010 N UNIXERSITY DRIVE  SECOND FLOOR  TAMARAC Ft. 33321  City FL Zip Code  S. 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. (am familiar with, and accept the ocitigations of registered agent.)  SIGNATURE  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 OFFICERS AND DIRECTORS IN 11  ITLE  CARMICHAEL, DAWN  SIRET ADDRESS  CITY-SI-ZP  TITLE  Detate  TITLE  Detate  TITLE  Detate  TITLE  Detate  TITLE  Detate  TITLE  NAME  SIRET ADDRESS  CITY-SI-ZP  TITLE  Detate  TITLE  Detate  TITLE  Detate  TITLE  Detate  TITLE  NAME  SIRET ADDRESS  CITY-SI-ZP  TITLE  Detate  TITLE  Deta	Zip   Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required*   \$8.75 Addition	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
Secretary   Secr	Country   Country   Country   Country   Country   S. Certificate of Status Desired   S8.75 Additional Fee Required   See Req	City & State	9	City	City & State			4,5	Homber (2	———	
ROBERT D LETTMAN P.A. 8010 N UNIVERSITY DRIVE SECOND FLOOR TAMARAC FL 33321  6. The above named existly submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$180.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  TITLE  NAME  CARMICHAEL, DAWN  SIREET ADDRESS  CITY-S1-2P  TITLE  NAME  SIREET ADDRESS  CITY-S1-2P  TITLE  NAME  SIREET ADDRESS  CITY-S1-2P  CORÂL SPRINGS FL 33067  TITLE  NAME  SIREET ADDRESS  CITY-S1-2P  CHange  Addition  NAME  SIREET ADDRESS  CITY-S1-2P  TITLE  NAME  SIREET ADDRESS  CITY-S1-2P  CHange  Addition  NAME  SIREET ADDRESS  CITY-S1-2P  CHange  Addition  NAME  SIREET ADDRESS  CITY-S1-2P  CHANGES  CITY-S1-2P  CHange  Addition  NAME  SIREET ADDRESS  CITY-S1-2P  CHANGES	ROBERT D LETTMAN P.A. 8010 N UNIVERSITY DRIVE SECOND FLOOR TAMARAC FL. 33321  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 Flora. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Flora. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!! FEE IS \$15,0.00 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 OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS SIGNET ADDRESS OF SIGNET ADDRESS OF SIGNET ADDRESS OFFICERS AND DIRECTORS SIGNATURE  CARMICHAEL, DAWN STREET ADDRESS OFFI-SE PRINCE FLOORS SIGNATURE  CORAL SPRINGS FL 33087  TILE NAME SIRET ADDRESS OTH-ST-2P	Zip	Country		Country			Pertificate of Status Desired			
ROBERT D LETTMAN P.A. 8010 N UNIVERSITY DRIVE SECOND FLOOR TAMARAC FL 33321  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   NOTE: Registered Agent signature required when rematching   DATE    FILE NOW!!! FEE IS \$150.00 May Be Added to Fees	ROBERT D LETTMAN P.A. 8010 N UNINERSITY DRIVE SECOND FLOOR TAMARAC PL 33321  8. The above named writily submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent.  SIGNATURE    Sumular. Appeal or private review of registered agent and size if explicable   (MOTE. Registered Agent agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent.    Signature   Sumular. Appeal or private review of registered agent and size if explicable   (MOTE. Registered Agent agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with,		6. Name and Address of Current	Register	ed Agent		<del></del>	7. N	lame and Address of New Registered A	gent_	
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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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, Special privated name of implicated agent and tole if applicable.   INOTE: Registered Agent signature required when reminiating)   DATE	B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature:  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 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II.  ITIE  NAME  CARMICHAEL, DAWN  STREET ADDRESS  CITY-S1-ZP  TITLE  NAME  STREET ADDRESS  CITY-S1-ZP  Change Addition  TITLE  NAME  STREET ADDRESS  CITY-S1-ZP  Change Addition  Addition  TITLE  NAME  STREET ADDRESS  CITY-S1-ZP  Change Addition  Addition  TITLE  NAME  STREET ADDRESS  CITY-S1-ZP  Change Addition  Addition  STREET ADDRESS  CITY-S1-ZP  Change Addition  NAME  STREET ADDRESS  CITY-S1-ZP  Change Addition  STREET ADDRESS  CITY-S1-ZP  Change Addition  NAME  STREET ADDRESS  ST					<u> </u>					
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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		ertify that the information supplied with	this filing	does not qualify for th		stated in Sec	ction 1	19.07(3)(i), Florida Statutes. I further certi	fy that the i	nformation

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 of 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: <