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

## FILED May 05, 2003 8:00 am Secretary of State

DOCUMENT # P02000064357  1. Entity Name LUCCA CONSULTANTS, INC.					04-11-2003 90095 042 ***150.00	
Principal Place of Business 11038 VIA LUCCA 11038 VIA LUCCA BOYNTON BEACH FL 33437  BOYNTON BEACH FL 33437						
Principal Place of Business     3. Mailing Address					- I TOLUMBON TUL BOUND HIGH BOUND BO	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City 8 State		City & State			Applied For Not Applied For	]
Zip	Country	Zip Coun		try	5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent	]
UEVALV				Name	المراجع المستحد المستح	= - =
•	, JOSEPH			Street Address	s (P.O. Box Number is Not Acceptable)	†
11038 VIA LUCCA BOYNTON BEACH FL 33437				<u> </u>		-
BUTRIUM BEACH PL 33457						_}
			]	City	FL Zip Code	}
8. The above gamed 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.						
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SIGNATURE	Specific, typic or printed name of registered about	and ide if somewhere	OJ -	Agent signature requir	(Included remarkables)	l
F	ILE NOWIII FEE IS \$150.00	1	)			
Afte	r May 1, 2003 Fee will be \$550.00				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees	
	k Payable to Florida Department of					[
10.	OFFICERS AND	DIRECTORS  Delete	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	ହ
NAME	MEMOLY, JOSEPH	C Desait	HAME		T Cuarde T Notwork	9
STREET ADDRESS	11038 VIÁ LUCCA			T ADDRESS		8
CITY-ST-ZIP	BOYNTON BEACH FL 33437	<del></del>	-	ST-ZIP		CR2E034 (10/02
TITLE NAME	D	☐ Delete	TITLE	j j	Change Addition	8
STREET ADDRESS	MEMOLY, HOLLIS 11038 VIA LUCCA			T ADDRESS		
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STREET ADDRESS		•	STREE	T ADDRESS		
CITY-ST-ZIP			City-9	ST-21P		
TITLE		☐ Delete	TITLE		. Change Addition	
NAME STREET ADDRESS			NAME STREET	r address	•	
CITY-ST-ZIP			•	5T-21P	ĺ	
12. I hereby c	ertify that the information supplied with	this filing does not qualify for t	he exem	ption stated in S	Section 119.07(3XI), 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 fine 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: SIGNATURE AND TYPED ON PRINTED WAR-OF SIGNATURE AND TYPED ON THE SIGNATURE AND THE SIGNATURE AND TYPED ON THE SIGNATURE AND TYPED ON THE SIGNATURE AND THE SIGNATURE AND TH						