2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000068026

1. Entity Name



FILED Apr 07, 2003 8:00 am } Secretary of State

04-07-2003 90744 001 ***150.00

| Principal Place of Business S AGE ROCK TMAIL ORMOND BEACH FL 32174 ABILITY A START THE BUSINESS S AGE ROCK TMAIL ORMOND BEACH FL 32174 ABOFF, GARY S EAGLE ROCK TRAIL ORMOND BEACH FL 32174 ABOFF, GARY S EAGLE ROCK TRAIL ORMOND BEACH FL 32174 BILL ORMOND BEACH FL 32174 ABOFF, GARY STORE ADDITIONS OF PROPRIES AND DIRECTORS THE NOW!! FEE IS \$150.00 After May 1, 2000 Fee will be \$550.00 Make Check Payable to Florida Department of State D ADOFF, GARY S EAGLE ROCK TRAIL ORMOND BEACH FL 32174 THE NOW!! FEE IS \$150.00 After May 1, 2000 Fee will be \$550.00 Make Check Payable to Florida Department of State D ADOFF, GARY S EAGLE ROCK TRAIL ORMOND BEACH FL 32174 THE NOW!! FEE IS \$150.00 After May 1, 2000 Fee will be \$550.00 Make Check Payable to Florida Department of State D ADOFF, GARY S EAGLE ROCK TRAIL ORMOND BEACH FL 32174 THE NOW!! FEE IS \$150.00 After May 1, 2000 Fee will be \$550.00 Make Check Payable to Florida Department of State D ADOFF, GARY S EAGLE ROCK TRAIL ORMOND BEACH FL 32174 THE NOW!! FEE IS \$150.00 After May 1, 2000 Fee will be \$550.00 Make Check Payable to Florida Department of State D ADOFF, GARY ORMOND BEACH FL 32174 THE NOW!! FEE IS \$150.00 After May 1, 2000 Fee will be \$550.00 Make Check Payable to Florida Department of State D ADOFF, GARY ORMOND BEACH FL 32174 THE NAME STRET MURRISS ORY \$1.7P THE NAME STRET MURRISS | GARY AE | BOFF, P.A. | | | | | | | | | |
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| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Gity & State City & State City & State City & State City & State A. FEI Nymber 3 70 2 1 1/4 Applies For International Processing Country Applies For International Processing Country Zip Country S. Certificate of Status Desired S8.75 Additional Fee Required Regulared Agent T. Name and Address of New Registered Agent T. Name and Address of New | 5 EAGLE ROCK TRAIL | | 5 EA | 5 EAGLE ROCK TRAIL | | | | | | | |
| City & State Country Country S. Certificate of Status Desired S8.75 Additional Fee Regulated S8.75 Additional Fee Regulated S6. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name ABOFF, GARY 5 EAGLE ROCK TRAIL ORMOND BEACH FL 32174 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 both galaxies for registered agent, or both, in the State of Florida. I am familiar with, and accept the both galaxies for registered agent and set a applicable. FILE NOW!!! FEE IS \$15.0.0 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME STREET ADDRESS OTY-S1-Zip Deltes TILE NAME STREET ADDRESS OTY-S1-Zip Deltes TILE NAME STREET ADDRESS OTY-S1-Zip Deltes TILE NAME STREET ADDRESS OTY-S1-Zip Change Addition NAME STREET ADDRESS OTY-S1-Zip Deltes TILE OTY-S1-Zip Deltes TILE OTY-S1-Zip Change Addition NAME STREET ADDRESS OTY-S1-Zip Deltes TILE OTY-S1-Zip Change Addition NAME STREET ADDRESS OTY-S1-Zip Change Addition NAME STREET ADDRESS OTY-S1-Zip TOTAL TOTAL Change Addition NAME STREET ADDRESS OTY-S1-Zip TOTAL TOT | 2. Principal Place of Business | | | 3. Mailing Address | | | - | | | | |
| Country Zip Country Size | Suite, Apt | t. #, etc. | Suite, Apt. #, etc. | | | | | | | | |
| Country Zip Country Size | City & State | | City & State | | | | 4. FEI Nymber 3 702 114 Applied For Not Applied For | | | | |
| ABOFF, GARY 5 EAGLE ROCK TRAIL ORMOND BEACH FL 32174 6. 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 Signame, typed or printed name of registered agent and life if applicable. (NOTE Registered Agent signature required when remaining) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. | Zip | Country | Zip | | Country | | | tificate of Status Desired | 8.75 Add | itional | |
| ABOFF, GARY 5 EAGLE ROCK TRAIL ORMOND BEACH FL 32174 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. SIGNATURE Supmane, hyear or printer name of legistered agent and item is applicable. (NOTE Registered Agent signature required when remaining) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 May Be Added to Fees will be \$550.00 Make Check Payable to Florida Department of State 10 | | 6. Name and Address of Curre | nt Register | ed Agent | 1.77 | | 7. Nān | ne and Address of New Registered Ad | ent | | |
| SEAGLE ROCK TRAIL ORMOND BEACH FL 32174 City 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and tree if applicable. (NOTE: Registered Agent signature required when reinvasting) P. Election Campaign Financing Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS STREET ADDRE | | | | | Name | | | | | | |
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| ORMOND BEACH FL 32174 City FL Zip Code | a [*] | | | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 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, typeed or printed name of registered agent and time if applicable. (NOTE Registered Agent signature required when reinstating) DATE | | | | | | | | | | | |
| 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, hipsed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstaturing) DATE | ONMOND | DEACH FL 32174 | | | | | | | | | |
| THE Obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tries if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | City | City FL Zip Code | | | | | | | | |
| 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 TITLE ABOFF, GARY STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE T | 8. The above the obliga | e named entity submits this statemen ations of registered agent. | t for the purp | oose of changing its r | registered office o | r registered | l agent | , or both, in the State of Florida. I am fa | miliar with, | and accept | |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. | SIGNATURE | Signature, typed or printed name of registered ag | ent and title if app | olicable. (NOTE: | Registered Agent signal | ture required wh | nen reinsta | ating) DATE | | | |
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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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

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TITLE

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SIGNATURE:

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