FILED

☐ Addition

## 2003 FOR PROFIT CORPORATION

## Apr 16, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000071513 DOCUMENT # 04-16-2003 90130 003 \*\*\*150.00 1. Entity Name TREY PUBLICATIONS, INC. Principal Place of Business Mailing Address 1289 NE OCEAN BLVD. 1289 NE OCEAN BLVD. SUITE 6 SUITE 6 STUART FL 34996 STUART FL 34996 2. Principal Place of Business 3. Mailing Address 1084 N.W. Fadors / Hary 1084 N.W. Federal Havy Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number Stuart, Fl. 35-2176969 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 34994 U. 6.A. Fee Required U5A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 3631 N.W. WIYLOW Creek LEVENSTEIN, RICHARD H 853 SE MONTEREY COMMONS BLVD. STUART FL 34996 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. 3/21/03 SIGNATURE STANKEY P. HORE L. TIT ed agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Matic Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change TITLE TITLE ☐ Addition □ Delete Stanley R. MARCH II MARCH, STANELY III NAME NAME 363/N.W. WILLOW Creek De. STREET ADDRESS 1880 NE OCEAN BLAD, SUNE 6 3631 May willo STREET ADDRESS Jensen Beach, IL 34951 CITY-ST-ZIP CITY-ST-7IP FI 34957 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 it 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3/2163 (772)692-9966

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP