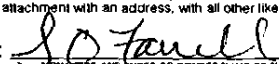


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91291 026 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000086236			
1. Entity Name SAMANTHA O'FARRELL, CO.			
Principal Place of Business 614 FRANCES STREET KEY WEST, FL 33040		Mailing Address 614 FRANCES STREET KEY WEST, FL 33040	
2. Principal Place of Business 1318 VIRGINIA ST Suite, Apt. #, etc.		3. Mailing Address 1318 VIRGINIA ST Suite, Apt. #, etc.	
City & State KEY WEST FL		City & State KEY WEST FL	
Zip 33040		Country US	
4. FEI Number 56-2291362		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☐ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent A1A CORPORATE SERVICES INC. 1221 BRICKELL AVE 9TH FL MIAMI, FL 33131		7. Name and Address of New Registered Agent Name SAMANTHA OFARRELL Street Address (P.O. Box Number is Not Acceptable) 1318 VIRGINIA ST City KEY WEST FL Zip Code 33040	
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: SMANTHA OFARRELL DATE: 3/3/03 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when replacing)			
FILE NOW!!! FEE IS \$150.00. After May 1, 2003 Fee will be \$550.00. Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PVST NAME: O'FARRELL, SAMANTHA STREET ADDRESS: 614 FRANCES STREET CITY-ST-ZIP: KEY WEST, FL 33040 ☐ Delete		TITLE: ☒ Change ☐ Addition NAME: 1318 VIRGINIA ST STREET ADDRESS: KEY WEST, FL 33040	
TITLE: D NAME: O'FARRELL, SAMANTHA STREET ADDRESS: 614 FRANCES STREET CITY-ST-ZIP: KEY WEST, FL 33040 ☒ Delete		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
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TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
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.			
SIGNATURE:  SMANTHA OFARRELL		205-296-8269 3/3/03	

11023625



CR2E034 (10/02)