2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UN	IFORM BUSINE	SS REPOR	T (l	JBR	}		41.22	HUVEL			
DOCU 1. Entity Nar LAKE WO				ŗ.	NED LED						
•	ce of Business EACH LAKES BLVD STE 403 CH FL 33409	Mailing Address 2161 PALM BEACH LAKES BLVD STE 403 W PALM BEACH FL 33409		TEST		03 APR 2 SECRETA TALLAHA:					
2. Principal I	Place of Business	3. Mailing Address				X					
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			[CHECK HERE IF MAKING CHANGES					
City & Sta	te	City & State				4. FE1	Number		 	oplied For ot Applicable	
Zip	Country	Zip	try		5. Cer	tificate of Status Desired	s Desired S8.75 Additional Fee Required				
	6. Name and Address of Current I	Registered Agent			7. Nar	ne and Address of New					
DDCCCCD IAV C					Name						
PREEFER, JAY C 2161 PALM BEACH LAKES BLVD STE 403				Street Address (P.O. Box Number is Not Acceptable)							
=	BEACH FL 33409										
				City				FL	Zip Code	ə	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	ed office or	registere	d agent	, or both, in the State of Fl	orida. I am fa	amiliar with, a	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered	Agent signati	ure required v	when reinsta	ating)	DATE		 _	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Fi Trust Fund Contribution			0 May Be I to Fees	
10.	OFFICERS AND I		11.			ADDI	TIONS/CHANGES TO OF	ICERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PREEFER, JAY C 2161 PALM BEACH LAKES BLVD W PALM BEACH FL 33409	□ Delete	•						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				D Preefe 2161 A		, Richard Im Beach Luke John Beach,	s Blud,	□ Change Ste 403 3.409	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete					400018 15/07/030109	4613	_ •	_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP		- J.		•	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		t address St-zip	market and the second				☐ Change	☐ Addition	
12. Thereby o	L. certify that the information supplied with I on this report or supplemental report is poration or the receiver or trustee empor, or on an attachment with an address, w	this filling does not qualify for true and accurate and that n wered to execute this peport ith all other like empowered.	the exer	notion stat	ed in Sec ave the sa pter 607,	tion 119 ame lega Florida (.07(3)(i), Florida Statutes. al effect as if made under Statutes; and that my nam	I further certi oath; that I ar le appears in	ify that the in m an officer Block 10 or	iformation or director Block 11 if	

SIGNATURE:

SIGNATURE RIS

RINTED NAME OF MING OFFICER OR DIRECT

Richard Prefer

4/14/03

561-689-7706 Daytime Pfione #