2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

| DOCUMI 1. Entity Name J BRENNAN | | 00100599 | | | 04-14-2003 90105 044 ***150.00 |
|--|---|--|--------------------------------------|-----------------------------------|--|
| Principal Place of 12001 POPASH G BRADENTON FL 3 | LEN | Mailing Address 12001 POPASH GLEN BRADENTON FL 34202 | | | L INTERNOTA IN ORDITO CONTO REGIO CONTO RETIRA INGIA CONTO REGIONA CONTO CONTO |
| 2. Principal Place | of Business | 3, Mailing Address | | | |
| Suite, Apt. #, e | tc. | 4500 Winners Circle Suite, Apt. #, etc. | | | ☐ CHECK HERE IF MAKING CHANGES |
| City & State | | Q// City & State | | | 4. FEI Number Applied For |
| Zip | Country | Sarasota _zip | F C Country | | 33-1022949 Not Applicable |
| | | 34238 - | -Saras | sta-: | 5Certificate of Status Desired Fee Required |
| | 5. Name and Address of Current | Registered Agent | Narr | | 7. Name and Address of New Registered Agent |
| KING, CLIFFO 2033 MAIN S SARASOTA F | TREET STE 303 | سابه سخستهدسه المهاو الشهيدالله ميداله المسينيد | ات ا است. مست | ~JOS4 | P.O. Box Number is Not Acceptable) WINVERS CIRCLE #2/// |
| signature | ned entity submits this statement for of registered agent. NOW!!! FEE IS \$150.00 by 1, 2003. Fee will be \$550.00 | Bree | | e or registere | 9. Election Campaign Financing \$5.00 May Be |
| | yable to Florida Department of OFFICERS AND | | 11, | | Trust Fund Contribution. Added to Face ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERSAND | Delete | TITLE NAME STREET ADDRE | ss 450 | dent Change Addition of Ph. Brennan Circle #2111 25054, FL 34238 Sec. + Treasurer (Change Addition) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Deleta | TITLE NAME STREET ADORE CITY-ST-ZIP | V.P., Tra | Sec. + Treasurer (Change Addition (C) A. Brennan Circle #2111 asota, FL 3423.8. |
| TITLE NAME | | □ Delete | TITLE NAME | | ☐ Change ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADORE | SS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete | TITLE NAME STREET ADDRE CITY-ST-ZIP | ss | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRE CITY-ST-ZIP | ss | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delcte | TITLE NAME STREET ADDRES CITY-ST-ZIP | SS | ☐ Change ☐ Addition |
| indicated on the | nis report or supplemental report is tion or the receiver or trustee empo n an attachment with an address, w | true and accurate and that m wered to execute this report a | y signature sha is required by (| ill have the sa Chapter 607, I | tion 119.07(3)(i), Florida Statutes. I further certify that the information ame legal effect as if made under 0ath; that I am an officer or director Florida Statutes; and that my name appears in Block 10 or Block 11 if |