2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000102215

1. Entity Name



FILED Mar 13, 2003 8:00 am § Secretary of State 03-13-2003 90060 019 ***150.00

| NE INC | | | | | | , | | | | |
|--|---|---|---|---|--|--|--|---------------------------------------|--|--|
| 1061 N. ALHAMBRA CIR. 1061 | | | 061 N. ALHAMBRA CIR. | | | | | | | |
| | | | | | | | | | | |
| Place of Business | 3. Ma | 3. Mailing Address | | | | # 1801/1861 (1) 08 1/4 1/07/1 06 1/7 68 1/1 18 1/ | | HINKS HINEL | HARL BIH 1881 | |
| . #, etc. | Sui | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF M | AKING C | HANGES | | |
| te | City | City & State | | | 4. | | | | | 7 |
| Country | Country Zip | | | Country | | | | 3.75 Add | ditional | 4 |
| 6. Name and Address of Current | Register | ed Agent | | | | | - Fe | | ed | 4 |
| | | | | Name | | | | _ | | 7 |
| | | | | Street Address (| P.O. B | lox Number is Not Acceptable) | | | | ∃- |
| | | | | ` | | | | | | 4 |
| ·L 34103 | | | | | | | | | | _ |
| | | | | City | | | FL | Zip Cod | e | |
| e named entity submits this statement for tions of registered agent. | or the purp | oose of changing its r | egistere | ed office or register | ed ag | ent, or both, in the State of Florida. | I am fan | illar with, | and accept | |
| Signature, typed or printed name of registered agent | and title if ap | olicable, (NOTE: | Registered | d Agent signature required | when re | instating) | 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 Financin Trust Fund Contribution. | ig 🗆 | | | - |
| | | l PRS | 11. | | AD | L DITIONS/CHANGES TO OFFICER | S AND DI | RECTORS | 3 IN 11 | \dashv |
| P POPM | | ☐ Delete | | · • | | | _ | | Addition | 18 |
| 1061 N. ALHAMBRA CIR. NAPLES FL 34103 | | | STRE | ET ADDRESS | | | | | | 007 (40 |
| V HORN, LUCIA 1061 N. ALHAMBRA CIR. NAPLES FL 34103 | | ☐ Delete . | NAME STREE | ET ADDRESS | | | |] Change | Addition | 1000 |
| V HORN, CELITA 1061 N. ALHAMBRA CIR. NAPLES FL 34103 | | ~ ☑ Delete ° · | NAME STREE | ET ADDRESS | -5- | | 20 mm - [1 | Change | *Addition | |
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| | | Delete | NAME Stree City- | ET ADDRESS ST-ZIP | | | | • | ☐ Addition | 1 |
| | Ce of Business MBRA CIR. 4103 Place of Business #, etc. Country 6. Name and Address of Current DBIN ALHAMBRA CIR. 1. 34103 e named entity submits this statement for the statement for the statement of registered agent. Signature, typed or printed name of registered agent. Signature, typed or printed name of registered agent. FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND PHORN, ROBIN 1061 N. ALHAMBRA CIR. NAPLES FL 34103 V HORN, CELITA 1061 N. ALHAMBRA CIR. NAPLES FL 34103 | Ce of Business MBRA CIR. 1061 MAPL Place of Business 3. Ma #, etc. Sui Country Zip 6. Name and Address of Current Registers OBIN LHAMBRA CIR. 12 34103 E named entity submits this statement for the purpitions of registered agent. Signature, typed or exinted name of registered agent and title if apprinted to Florida Department of State OFFICERS AND DIRECTO PHORN, ROBIN 1061 N. ALHAMBRA CIR. NAPLES FL 34103 V HORN, CELITA 1061 N. ALHAMBRA CIR. NAPLES FL 34103 V HORN, CELITA 1061 N. ALHAMBRA CIR. NAPLES FL 34103 | Ce of Business IMBRA CIR. IOSI N. ALHAMBRA CIR. NAPLES FL 34103 Place of Business 3. Mailing Address 4. etc. City & State Country Zip 6. Name and Address of Current Registered Agent CBIN LHAMBRA CIR. FL 34103 Paramed entity submits this statement for the purpose of changing its ritions of registered agent. Signature, typed or printed name of registered agent and site if applicable. FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State OFFICERS AND DIRECTORS PHORN, ROBIN 1061 N. ALHAMBRA CIR. NAPLES FL 34103 V HORN, CELITA 1061 N. ALHAMBRA CIR. NAPLES FL 34103 V HORN, CELITA 1061 N. ALHAMBRA CIR. NAPLES FL 34103 Delete Delete | Align Address 3. Mailing Address Align Address 4. etc. Suite, Apt. #, etc. Country Zip Country Zip Country 6. Name and Address of Current Registered Agent DBIN LHAMBRA CIR. 1. a 4103 DBIN LHAMBRA CIR. 1. a 4103 DBIN LHAMBRA CIR. Signature, typed or signed name of registered agent and title if applicable. (MOTE: Registered agent. (MOTE: Registered Agent) CILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State OFFICERS AND DIRECTORS PHORN, ROBIN 1061 N. ALHAMBRA CIR. NAPLES FL 34103 V HORN, LUCIA 1061 N. ALHAMBRA CIR. NAPLES FL 34103 V HORN, CELITA 1061 N. ALHAMBRA CIR. NAPLES FL 34103 V HORN, CELITA 1061 N. ALHAMBRA CIR. NAPLES FL 34103 I Delete ITILE NAME STRE CITY- Delete TITLE NAME STRE CITY- Delete TITLE NAME STRE CITY- DELETE TITLE NAME STRE CITY- DELETE TITLE NAME STRE CITY- DELETE TITLE NAME TITLE | Ce of Business IMBRA CIR. 1061 N. ALHAMBRA CIR. NAPLES FL 34103 Place of Business 3. Mailing Address 1061 N. ALHAMBRA CIR. NAPLES FL 34103 Place of Business 3. Mailing Address 3. Mailing Address 3. Mailing Address 3. Mailing Address 4. etc. City & State Country 6. Name and Address of Current Registered Agent Name BBIN LHAMBRA CIR. 1081 N. Stroet Address (City & State) City 6. Name and Address of Current Registered Agent Name BBIN LHAMBRA CIR. 1081 N. Stroet Address (City & State) City 6. Name and Address of Current Registered Agent Name Stroet Address (City & State) City City City City City City City Signature, toped of repired name of registered agent and liter if applicable. (NOTE Registered Agent signature required to the purpose of changing its registered office or registered agent and liter if applicable. (NOTE Registered Agent signature required to the purpose of changing its registered office or registered agent and liter if applicable. (NOTE Registered Agent signature required to the purpose of changing its registered office or registered agent and liter if applicable. (NOTE Registered Agent signature required to the purpose of changing its registered office or registered agent and liter if applicable. 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Name Country 6. Name | The DBIN Address of Current Registered Agent | Delte Business Marking Activities 109 | Depth Authorities (P.O. Box Number is Not Acceptable) Place of Business | Country Line Country Long Address Total N. AUAMARRA CIR. Suite, Apt. #, etc. Clay & State Clay |

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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empo changed, or on an attachment with an address.

SIGNATURE:

MINDEN

Daytime Phone #