2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 15, 2003 8:00 am Secretary of State

DOCU	JMENT # P0200	0105889	CTILL ST	03-26-2003 90148 034 ***150.00
1. Entity Nar				71141111
1014 NORTH	ace of Business OLIVE AVENUE BEACH FL 33401	Malling Address 1014 North Olive Avenue West Palm Beach Fl 334		
2. Principal (Place of Business	3. Mailing Address		T THE HUBBET AT EARLING LIGHT A BANK ABANK ABANK HUBBE BANKS (\$6.65) SANGE BANK BANK ABANK Light of the state
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		· CHECK HERE IF MAKING CHANGES
City & Sta	nte	City & State		4. FEI Number 02 06 4 7824 Applied For Not Applied ble
Zip	Country	Zip	Country	5. Certificate of Status Desired 58.75 Additional Fee Required
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent
EVICTOR	NI DRAD		Name	Sara Eovenson
EAVENSO 1907 COA	on, Brau MMERCE LANE :			Iress (P.O. Box Number Is Not Acceptable)
SUITE 104			1014	Al Mica Air
JUPITER I	•		City	est Palm Brh FL Zezogal
A The above	a named entity submits this statement for	the purpose of changing its re-	N	est Pain Boh FL 33401 egistered agent, or both, in the State of Florida. I am familiar with, and accept
	e named entity submits this statement for ations of registered agent.	. The harpuse of crimighty to the	distain oute of iot	
SIGNATURE	Signature, typed or printed name of registered agent as	<u>ا</u>		3.21.03
	organisms, types or present name of regulations against a	vid title 4 applicable. (NOTE: R.	tegistered Agent signature re	required when reinstating) DATE
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 ft Payable to Ffortda Department of		legistered Açem signature n	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
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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:

WOLVEW SUE ON HED

3.21.03

Jol-8023659