2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)						0		
		P02000112530						
				/	TO WE TOO		03 JUN 26 AM II: 15	
Principal Place of Business 70 6TH AVE. SHALIMAR FL 32579		<del>-70 6</del>	Mailing Address 70 6TH AVE.  SHALIMAR FL 32379  Shall		799 4 limar	FL	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal F	Place of Business	3. Ma	iling Address	<del></del>				
Suite, Apt.	#, etc.	Sui	Suite, Apt. #, etc.		<del></del>		CHECK HERE IF MAKING CHANGES	
City & Stat	te	City	City & State		· <del></del>		4. FEI Number 803838 Applied For Not Applicable	
Zip Country			Zip		Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent	
PERRI, DANIEL C					Street Address (P.O. Box Number i Not the Coptable)			
4 ELEVEN					10 0 NOC			
SHALIMAR FL 32579					City Shalman FL Zip Code			
8. The above named entity submitty his 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 Signature, typed or printed harve of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
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 \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.		OFFICERS AND DIRECTO	DRS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRI, DANIEL C 4 ELEVENTH AVE SHALIMAR FL 329		☐ Delete			2750	Shalmar, FC 32579	
TITLE  NAME •  STREET ADDRESS  CITY-ST-ZIP	Robert	+	☐ Delete			QRI		
TITLE	<del> </del>	<del></del>	Delete	TITU		0	☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP	. <b></b> /2 .		<u> </u>	STRE	E ET ADDRESS -ST, ZIP	-	Shalimare, fc 32579	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLI NAM STRE			7777212774 \$P\$ Addition 07/02/03-01030-029 **150.00	
TITLE NAME		·	☐ Delete	TITLE			☐ Change ☐ Addition	
STREET ADDRESS CITY-S1-ZIP				CITY	ET ADDRESS -ST-ZIP		/Y <i>Y</i> ///	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				☐ Change ☐ Addition	
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								

Date

Daytime Phone #



## PULSAR

Inc.

June 20, 2003

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Attention: Michelle Milligan

Please find the enclosed 2003 Uniform Business Report and payment for Pulsar, Inc. I am very sorry that they are being sent late, this is due to many personal problems. Unexpected health problems have plagued us this year. My husband has had many health problems and it has made it very hard to conduct business. The whole year has been difficult from the start. Under normal circumstances the reports would never have been filed late. Please accept this payment this one time and waive the late fee. It would be most appreciated if you could reconsider this once.

Thànk yolu

Estela mailison