## **2003 FOR PROFIT CORPORATION**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

## FILED Mar 06, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR** Secretary of State P02000112603 DOCUMENT # 1. Entity Name 03-06-2003 90133 008 \*\*\*150.00 **R**ATHLEEN RATHBUN, INC. KAthlEEN RAthbus, INC Principal Place of Business Mailing Address 33411 WHIPPOORWILL WAY 10032343 33411 WHIPPOORWILL WAY WEST PALM BEACH FL 33411 WEST PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address 4971 LE ChALE 4971 LE Suite, Apt. #, etc Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Gity & State 4. FEI Number 54-2080926 Applied For SOYN-for Not Applicable \$8.75 Additional 23436 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 8. The above named entity submits this 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 registe SIGNATURE typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D. P. VP. J. T. ☐ Delete TITLE Change ☐ Addition NAME RATHBUN, CATHLEEN DR KATHLEEN, S. RATHERN NAME 33411 WHIPPOORWILL WAY STREET ADDRESS 33411 Wheppoorwell WAY Wast PAIM BRACK, Fel. 33 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33411 CITY-ST-ZIP TITLE TITLE ☐ Change Addition DAYNA BOKEA NAME NAME 7641 LEGENDARY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT: F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 efficer 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.

CR2E034 (10/02)