## Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90506 010 \*\*\*150.00

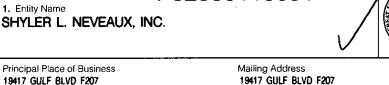
## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P02000115591

INDIAN SHORES FL 33785

DOCUMENT #

INDIAN SHORES FL 33785





2. Principal Place of Business 2401 VVEST RAY DR 3. Mailing Address 2401 WEST Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES U 152 らひげを City & State 4. FEI Number Applied For 65-2820 06-Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired usa

City

NEVEAUX, SHYLER L 19417 GULF BLVD F207 INDIAN SHORES FL 33785

6. Name and Address of Current Registered Agent

Namė		7 .	•	<del>- ~</del> -			-	
Street Ac	dress	(P.O.	Box Numbe	r is Not	Acceptabl	e)		

7. Name and Address of New Registered Agent

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 registered agent. 3/15/03 SIGNATURE (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE Change ☐ Addition NEVEAUX. SHYLER L NAME NAME 19417 GULF BLVD F207 STREET ADDRESS STREET ADDRESS INDIAN SHORES FL 33785 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered. changed, or on an attachment with an address, with all other like enti-

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR