2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 07, 2003 8:00 am Secretary of State

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1. Entity Na	JMENT # P0200 THE POLITION POL	04-07-2003 90142 033 *** 130.00					
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Principal Place of Business Mailing Address 12039 KEY LIME BOULEVARD 12039 KEY LIME BOULEVARD					व्यासम्बद्धाः असे विद्यापाति		
WEST PALM SEACH FL 33412 WEST PALM BEACH FL 334			_		tallabon Dillingar usel	.	
2. Principal Place of Business 3. Mailing Address					E CONTROL HIS DAME WANT BANK BANK DEFOR THE ALERE CTURY BANK CHIEF STATE	III –,	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & Sta	te ."	City & State	City & State		4. FEI Number 1 H - 1857994 Applied For Not Applicable		
Zip	Country Zip Cour			try	-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			
BARNES, LINDA M				Name			
12039 KEY LIME BLVD.				Street Address (P.O. Box Number is Not Acceptable)			
WEST PALM BEACH FL 33412							
				City	FL Zip Code		
38. 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.							
*Signature. Typetror printed fame of registered agent and title if applicable. (NOTE: Registered Agent signature required when rematating) DATE							
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be							
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Trust Fund Contribution. Added to Fees	~	
10.	OFFICERS AND D	DIRECTORS 397 3 3	<u> </u>	एक एडलका	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	ゴニ	
title Name	PSTD Barnes, Linda M	☐ Delete TITL			☐ Change ☐ Add	ition 8	
STREET ADDRESS	SS 12039 KEY LIME BOULEVARD STE			T ADORESS		절	
CITY-ST-ZIP	1001 17201 2230111 00112		TITLE	ST-ZIP	☐ Change ☐ Addi	GRZE034 (10/02)	
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addit	lion	
NAME STREET ADDRESS	s.t. upr		name Street	ADDRESS			
CITY-ST-ZIP			CITY-S	T-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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 of 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 attactment with an address, with all other like empowered							
SIGNATURE: SENATURE OF PRINTED NAME OF SIGNAL SPECIES OF DIRECTOR DESCRIPTION OF PRINTED NAME OF SIGNAL OF SIGNAL OF SIGNAL OF DIRECTOR DESCRIPTION OF DESCRIPTION							
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