2003 FOR PROFIT CORPORATION DOCLIMENT

UNIFORM BUSINESS REPORT (UBR)



FILED
Apr 24, 2003 8:00 am
Secretary of State

р	
ũ	
~	
л	
4	
_	
в	

1. Entity Name THE INNER CIRCLE, INC.						04-24-2003 90193 037 ***150.00				
Principal Place of Business 21281 HAZELWOOD LANE BOCA RATON FL 33428 Mailing Address 21281 HAZELWOOD LANE BOCA RATON FL 33428						3 0 -12010 11020 2021	1 : 60 :11 0 :	FÖF BILL (OC)		
Principal Place of Business 3. Mailing Address			·							
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State		4. FE				plied For t Applicable	
Zip Country		Zip		Country	5 . Ce		□ \$8.7	5 Add	itional	
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent Name					
MARTIN, BRENDA M 21281 HAZELWOOD LANE				Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
BOCA RATON FL 33428			City	₽ ∎ Zip Code						
the obligat	ions of registered agent	e of registered agent and title if ap		registered office or regis		tt, or both, in the State of Florida.	FL 2	r with, a	and accept	
FILE NOW!!! FEE IS \$150.00 After May \$, 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.					
10.		OFFICERS AND DIRECTO	ORS	11.	ADD	ITIONS/CHANGES TO OFFICER	RS AND DIRE	CTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Martin, Brenda M 21281 Hazelwooi Boca Raton Fl 3) LANE	Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			<u> </u>	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO GOLDBERG, LOUIS 3121 NW 54 TERRA MARGATE FL 33063	(CE	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				nange	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	CFO REYNOLDS, DEBRA 4081 LAKE DRIVE COCONUT CREEK		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			C	nange	Addition.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>	nange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		cı	nange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>		CI	nange	Addition	

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: