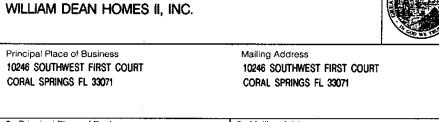
## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## **DOCUMENT #**

P02000131226

1. Entity Name



## **FILED** Feb 06, 2003 8:00 am Secretary of State 02-06-2003 90074 015 \*\*\*158.75

10246 SOUTH	ce of Business IWEST FIRST COURT IGS FL 33071	Mailing Address 10246 SOUTHWEST FIRST COURT CORAL SPRINGS FL 33071									
2. Principal F	Place of Business	3. Mailing Address						<b></b>			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & Stat	te	City	& State			4.	FEI Number 57-1/4 3787		<u> </u>	pplied For	7
Zip	Country	Zip	Zip Cou			5.	5. Certificate of Status Desired \$8.75 A				1
**	6. Name and Address of Current	Registere	ed Agent			7.	Name and Address of New	Registered A			1
					Name						1-
DEAN, WI 10246 SO	LLIAM E OUTHWEST FIRST COURT			Street Address (P.O. Box Number is Not Acceptable)							
CORAL SI	PRINGS FL 33071				City				7in Co.	da	ļ
					City			FL	Zip Coo	oe .	]
	named entity submits this statement folions of registered agent.	r the purp	ose of changing its r	registere	ed office or	registered a	gent, or both, in the State of I	Florida. I am i	familiar with	, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if app	licable. (NOTE:	Registered	d Agent signati	ure required when	reinstating)	DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Fiorida Department o	f State	:				9. Election Campaign I Trust Fund Contribut			00 May Be d to Fees	
0.	OFFICERS AND DIRECTORS					Α	DDITIONS/CHANGES TO O	FICERS AND	DIRECTOR	RS IN 11	1.
ITLE AME TREET ADORESS ITY-ST-ZIP	P Delete DEAN, WILLIAM E 10246 SOUTHWEST FIRST COURT CORAL SPRINGS FL 33071				E Et address - St-Zip				☐ Change	☐ Addition	00,000
itle Ame Treet address Ity-St-Zip	/ Delete FRYE, CATHI 17628 MELLEN LANE IUPITER FL'33478			Ì	,			Change	Addition		
ITLE AME TREET ADDRESS ITY-ST-ZIP	V DEAN, BRAIN 1242-2 CROSS CREEK CIRCLE TALLAHASSEE FL 32301	: • •	Delete	name Strei	ET ADORESS ST-ZIP	.೯೮ ಇವರ ವಿದ್ಯಾಣ	والمواجع المتحدود المتحد المتحدد المتح	<u>ج</u> و ٠٠ ي	~ □ Change	Addition	
ITLE Ame Treet address ITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition	
TLE Ame Treet address ITY-ST-ZIP			Delete						☐ Change	Addition	
TLE AME TREET ADDRESS TY-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR