2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Country

Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

--- FRANCIS, DAN

3801 SW 31 DR **HOLLYWOOD FL 33023**

Zip

3. Mailing Address

City & State

Ζip

Suite, Apt. #, etc.

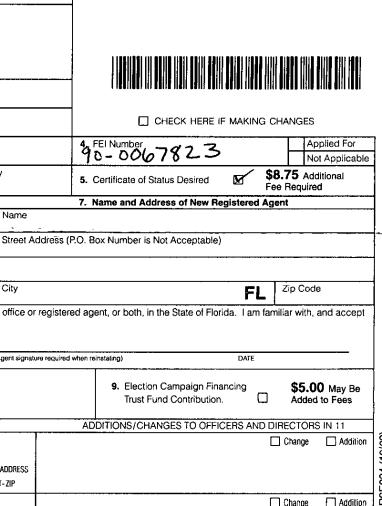
Country

6. Name and Address of Current Registered Agent

DOCUMENT # 1. Entity Name	P02000134366	
DAN FRANCIS CARPE	NTRY, INC.	
Principal Place of Business	Mailing Address	
3801 SW 31 DR	3801 SW 31 DR	
HOLLYWOOD FL 33023	HOLLYWOOD FL 33023	

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

04-24-2003 90311 001 ***150.00 04-24-2003 90311 002 *****8.75



	·		City		FL	Zip Code	e
8. The above	named entity submits this statement for the purp	ose of changing its r		stered agent, or both, in the State of F			
	tions of registered agent.		ogiotorea ames arragin	stored agong or boar, in the otalic or in	Torrada. Tearrita	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ana 2000pi
SIGNATURE							
	Signature, typed or printed name of registered agent and title if app	licable. (NOTE:	Registered Agent signature requ	uired when reinstating)	DATE		
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State			9. Election Campaign Fi Trust Fund Contribution		\$5.0 Added	May Be to Fees
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO OF	FICERS AND D	IRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANCIS, DAN 3801 SW 31 DR HOLLYWOOD FL 33023	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP]	Change	☐ Addition
TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[Change	Addition
TITLE Name Street address City-St-Zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied with this filing	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O. 10 07(0)(3) Florida C	ا استوندا ا	Change	Addition

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 attackment with an address, with all the propowered.

SIGNATURE: A

4-22-03