## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE:

## Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # P03000047309** 04-29-2004 90278 027 \*\*\*150 00 1. Entity Name UHLER & CO., INC. Principal Place of Business Mailing Address 7016 OAKSHIRE COURT 7016 OAKSHIRE COURT LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-0011250 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired - Fee Required \* -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEREK S. UHUER CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 7016 OAKSHIRE CT Zip Code 33467 LAKEWORTH 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. the obligations of registered agent. DEREKS. WHIER PRESIDENT (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE Addition TITLE ☐ Change **UHLER, DEREK S** NAME NAME 7016 OAKSHIRE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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

**FILED** 

561-866-5028