FILED
Jun 29, 2005 8:00 am
Secretary of State

06-01-2005 90014 038 ***150.00

66023912

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

6

DOCUMENT # P04000099659

1. Entity Name
Designed To move you

DO NOT WRITE IN THIS SPACE

20-1349510
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
2748 mariposa Circle		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Palm City, Fl.	City & State	
Zip: 34990 / Country: USA	Zip	Country

4. FEI Number ~~20-134950~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Robin Raney 2748 mariposa Circle Palm City, Fl. 34990	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robin Raney Robin Raney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034B (12/02)