2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000007671



FILED Mar 19, 2003 8:00 am Secretary of State

118 SE 4TH S SUITE B-C BOYNTON BE	ce of Business	h.4 - 10 -					03-19-2003 90111 038 ***150.00			
US 2. Principal P	ACH FL 33435	118 S Suite Boyn US	Mailing Address 118 SE 4TH STREET SUITE B-C BOYNTON BEACH FL 33435 US 3. Mailing Address							
Suite, Apt. #, etc.										
			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City	City & State			4.	4. FEI Number 65-0374555 Applied For Not Applied			
Zip	Country	Zip		Count	Country		Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Curre	nt Registered	Agent	'			Name and Address of New Registered		u	
					Name			.g		
LEIFER, R 118 SE 4				Street Address (P.0			O. Box Number is Not Acceptable)			
STE B-C								į	 .	
BOYNTON BCH FL 33435				F	City			Zip Cod		
8 The above	named entity submits this statemen	t for the auree					FL gent, or both, in the State of Florida. I am f			
the obligation	ons of registered agent.	, .			a amos s, ragic	noicu ag	gent, or boilt, in the state or horida. Lamit	amınar wıtrı,	and accept	
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applic	cable (NOT	E: Bogistared	Agent signature requ					
				- negistered	waent signature redu	nieo wien ie	einstating) DATE			
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0 Payable to Florida Department	0 of State					9. Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
10.	OFFICERS AN			11.		ΔĎ	DOITIONS/CHANGES TO OFFICERS AND	DIDECTOR		
TITLE	PD Delete			TITLE .		AU	DUTTONS/CHANGES TO OFFICERS AND	☐ Change		
NAME STREET ADDRESS	LIEFER, ROBERT 211 S. FEDERAL HWY		NA		ADDRESS			☐ Change	☐ Addition	
	BOYNTON BCH FL 33435			CITY-S	- 1					
TITLE NAME		□ Delete		TITLE				Change	Addition	
STREET ADDRESS				NAME	ADDRESS				İ	
CITY-ST-ZIP				CITY-S	1					
TITLE			Delete Delete	*- TITLE *				Change	Addition -	
NAME STREET ADDRESS				NAME	1000500					
CITY-ST-ZIP				CITY-S	ADDRESS T-ZIP					
TITLE			☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME STREET ADDRESS				NAME			•			
CITY-ST-ZIP				STREET CITY-S	ADDRESS					
TITLE			☐ Delete	TITLE	1-2,17			<u> </u>		
NAME			□ Delete	NAME				☐ Change	Addition	
STREET ADDRESS				_	ADDRESS				}	
CITY-ST-ZIP				CITY-S1	1				1	
TITLE	-		☐ Delete	TITLE		· <u></u>		Change	☐ Addition	
				NAME	1					
NAME									,	
NAME STREET ADDRESS CITY-ST-ZIP				STREET A	ADDRESS				ĺ	

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

SIGNATURE: