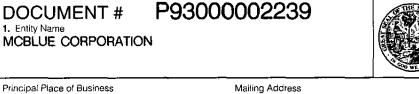
2003	FOR	PROFIT (CORPORAT	LION
UNIFO	RM E	BUSINESS	REPORT	(UBR

DOCUMENT #



		A SOUTH THE PARTY OF THE PARTY
Principal Place of Business 2200 NW 2 AVE	Mailing Address 37 NORTH ORANGE AVE	
SUITE 211 BOCA RATON FL 33431	500 ORLANDO FL 32801	
2. Principal Place of Business 37 N. Orawge	Av c 3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
Sity & State Or IANdo F	City & State	
Zip Country US 73		Country
6. Name and Address	of Current Registered Agent	
LONG, GREG	υ π / Μ <u>αμ</u> μ. ν	Name -
core and c at E		Street Address (

										en eren er en				
2. Principal Place of Business 37 N. Orange Ave			3. Mailing Address						88 64111 88 611		BBI 31 48 31		A CELLAN TARAK EDANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES								
Orlando FI		City & State				4. FEI	. FEI Number 65-0378104					pplied For ot Applicable		
Zip Country 3280 / USB		Zip	Zip Cour		itry							8.75 Ad ee Require		
		and Address of Current I	Registered	Agent				7. Nar	ne and Addre	ss of New	Registe	red Ag	ent	
LONG, GREG					- -	Name Street Ad	et Address (P.O. Box Number is Not Acceptable)							
2200 NW	2 AVE													
SUITE 21	1					37	Ν.	0	ANGE	Au	م ر	<u>ک</u>	te 5	00
BOCA RATON FL 33431					City	- /A	ov cl	ange lo	<u>·</u>		FL	ZipCoc	ie PO(
	tions of regist	ma 27 7	5	/	7	ed office or I	registere	d agent	, or both, in the	e State of	Florida.	am fan	miliar with	, and accept
	Signature, typed	or printed name of registered agent a	nd title if applic	able. (NOTE	Registere	d Agent signatur	re required w	hen reinst	ating)		D	ATE		
Afte	r May 1, 200	! FEE IS \$150.00)3 Fee will be \$550.00 Florida Department of	State			-			9. Election C Trust Fund	ampaign l d Contribu		g 🗀		00 May Be d to Fees
10.		OFFICERS AND I	DIRECTOR	<u> </u>	11.			ADDI	IONS/CHAN	GES TO O	FFICERS	AND D	TRECTOR	IS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		REG DWOOD TR D BEACH FL 33442		☐ Delete		1							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1874 WILE	LONG, KAREN 1874 WILDWOOD TR										Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		JENIFER DWOOD LN N D BEACH FL 33442	NAA STR		1	,		• .					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOY, M 4825 BAS ORLANDO	SWOOD LN		☐ Delete		ł							Change	Addition
TITLE NAME				☐ Delete	TITLE	1							Change	Addition

12. I hereby certify that the information supplied with this filling 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 tradee 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 eropowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

Addition