## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



DOCU 1. Entity Na ALICE M			01-21-2003 90221 036 ***150.00					
Suite, Apt. #, etc.  \$\frac{\pmu}{\pmu} \frac{1422}{\pmu} \frac{\pmu}{\pmu} \frac{1422}{\pmu}			Watch Drive		CHECK HERE IF MAKING CHANGES			
City & Sta	ا المراجع ا	City & State			4. FEI Number 59-3222325	<b> -</b> -	Applied For	
3377	Country	33774	Country (15 A	<del></del>	5. Certificate of Status Desired	□ \$8.75 Ac		1
0017	6. Name and Address of Current	Registered Agent	USH		7. Name and Address of New Ro	Fee Requir	ea	4
				~ 5	Traine and Address of New A	egistered Agent		١.
Martin, 1660 Gul	Street Address (P.O. Box Number is Not Acceptable)							
SUITE 70	5				7	•	- <del></del>	1
CLEARWA	# / 4 City / 6	190	77-11-	FL Zip.Co	de 7/	$\frac{1}{2}$		
SIGNATURE F Afte	e named entity submits this statement for tions of registered agent.  Alice Martin Signature, typed or printed name of registered agent at the NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	nd title if applicable. (NOTE:	registered office of		HAM	//17/200 DATE \$5.0	, and accept  7.3  00 May Be d to Fees	]
10.	OFFICERS AND [	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, ALICE 1660 GULF BLVD., SUITE 705 CLEARWATER FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11620	54ip Watch Dri	☑ Change V	☐ Addition	100/07/
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	☐ Addition	182
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Change	☐ Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE		☐ Delete	TITLE		,, ,, ,, ,, ,, ,	☐ Change	Addition	1

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 exempt 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 than the empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition

☐ Addition