UN DOCU 1. Entity Nam	ne				FILED Apr 07, 2003 8:00 am Secretary of State 04-07-2003 91005 043 ***158.75	
WEISS G						
4176 BURNS	ce of Business ROAD GARDENS FL 33410	Mailing Address 4176 BURNS ROAD PALM BEACH GARDENS US	FL 33410			
2. Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State			4. FEI Number 65-0465371 Applied For	
Zip	Country	Zip	Country		5. Certificate of Status Desired Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
Name					John Leavitt	
UNDERWOOD, LESLIE B 4176 BURNS ROAD			Street 4	Street Address (P.O. Box Number is Not Acceptable)		
4176 BURNS ROAD WEST PALM BEACH FL 33410				4176 Burns Road		
			City 🖌	alm	Beach Gardens FL Zip Code 33410	
8. The above	named entity submits this statement fo	r the purpose of changing its			d agent, or both, in the State of Florida. I am familiar with, and accept	
the obligat	tions of registered agent.		·	_	2/2-/	
SIGNATURE	Signature, typed or printed name of registered agent a	John Leav	E: Registered Agent signa			
	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
	k Payable to Florida Department of					
10.	OFFICERS AND		11. TITLE	PD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	WEISS, MARTIN D		NAME	wei	a Martha D	
STREET ADDRESS CITY - ST - ZIP	4176 BURNS ROAD PALM BEACH GARDENS FL		STREET ADDRESS CITY - ST - ZIP	4176	Burns Road	
TITLE	VP	Delete	TITLE	Halm	Beach Gardens FL 33410	
NAME	NICHOLAS, DANA K.		NAME	John		
STREET ADDRESS	4176 BURNS ROAD		STREET ADDRESS	4176	Burns Road	
CITY-ST-ZIP	PALM BEACH GARDENS FL	_ Delete	CITY-ST-ZIP TITLE	Palm	- Beach Gardens FL 33:40	
NAME	UNDERWOOD, LESLIE B.		NAME	Trac	en ( Saravieri	
STREET ADDRESS	4176 BURNS ROAD		STREET ADDRESS	4174	Change & Addition L. Sprovier: Birras Road Beach Gardens FL 33-110	
CITY-ST-ZIP	PALM BEACH GARDENS FL		CITY-ST-ZIP	Palm	Beach Gardens FL 33-110 Change Addition	
NAME		L Delete	NAME			
STREET ADDRESS	•		STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP TITLE		Change Addition	
NAME	-	Delete	NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP TITLE		Change Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	portify that the information are the state	this filing does not	CITY-ST-ZIP	tod in Cast		
indicated	I on this report or supplemental report is	true and accurate and that i wered to execute this report	ny signature shall h as required by Ch	have the sa	tion 119.07(3)(i), Florida Statutes. I further certify that the information ame legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 10 or Block 11 if	
SIGNAT	UBE: X Stohn To	BUTTEQUIE	loha lea	vit	+ 3/27/2003 (5%)627-2300	
SIGNAI		RINTED NAME OF SIGNING OFFICER	OR DIRECTOR		Date Daytime Phone #	