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

## **DOCUMENT #**

P94000016888

1. Entity Name



## **FILED** Mar 17, 2003 8:00 am Secretary of State

03-17-2003 91085 027 \*\*\*150.00

G. Name and Address of Current Registered Agent  ZINNI, LEONARD P 11985 US HWY ONE SUITE 105 JUNO BEACH FL 33408  City  City  FL  ZONATURE  Superative department for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familia the obligations of registered agent.  SIGNATURE  Superative, typed or printed name of registered agent and refe if applicable.  (MOTE Registered Agent signature required when rehotating)  DATE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  NAME JUNO BEACH FL 33408  Delete  TITLE  NAME JUNO BEACH FL 33408  TITLE  NAME STREET ADDRESS CITY-ST-2IP  TITLE  TITLE	Applied For Not Applicable  5 Additional equired
Suite, Apt. #, etc  Suite, Apt. #, etc  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  Fee  S. Certificate of Status Desired  Fee  State  T. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Simer. Address (P.O. Box Number is Not Acceptable)  City  FL  Z  The Country  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Z  Simular. Synedium. Syned or present runns of registered agent and rene il applicable.  Signature  Synetium. Syned or present runns of registered agent and rene il applicable.  (NOTE Registered Agent signature exquired when reneabling)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  DP ZINNI, LEONARD P  TITLE  MAME  DP ZINNI, LEONARD P  TITLE  MAME  DP ZINNI, LEONARD P  TITLE  MAME  Detel  TITLE  MAME  STRET ADDRESS  CITY-ST-2P  TITLE  MAME  Detel  TITLE  MAME  STRET ADDRESS  CITY-ST-2P  TITLE	Applied For Not Applicable  5 Additional equired
Surite, Apt. #, etc  Suite, Apt. #, etc  City & State  Country  Zip  Country  S. Certificate of Status Desired  Fee  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  ZINNI, LEONARD P  11985 US HWY ONE  SUITE 105  JUNO BEACH FL 33408  City  FL  Z  6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Lam familia  SIGNATURE  Synature, Synad or presed rune of registered agent and sete it applicable.  (NOTE Registered Agent signature equites when runsuling)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  OTY- 51-2P  TITLE  MAKE  STREET ADDRESS  OTY- 51-2P  TITLE  TITLE	Applied For Not Applicable  5 Additional equired
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6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. Name and Address of New Registered Agent  8. Name and Address of New Registered Agent  8. Nather address (P.O. Box Number is Not Acceptable)  7. Name and Address of New Registered Agent  8. Nather address (P.O. Box Number is Not Acceptable)  7. Name and Address of New Registered Agent  8. Nather address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  9. Election Campaign Financing  7. Name and Address of New Registered Agent  9. Election Campaign Financing  7. Name and Address of New Acceptable)  9. Election Campaign Financing  7. Name and Address of New Acceptable)  9. Election Campaign Financing  1. Name and Address of New Acceptable)  9. Election Campaign Fin	5 Additional equired
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2. 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 supplemental report is true and accurate and that my circulate the section 119.07(3)(i), Florida Statutes. I further certify that the circulate and that my circu	

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information of 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 Block 11 if

SIGNATURE: