

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90035 048 \*\*\*150.00

DOCUMENT # *P94000029289*

1. Entity Name



**DO NOT WRITE IN THIS SPACE**

**34030103**

2. Principal Place of Business

*15922 Cypress Park DR*  
Suite, Apt. #, etc.

3. Mailing Address

*PO Box 118*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Wellington FL*

City & State

*Coxshatchee FL*

4. FEI Number

*65-0488821*

Applied For

Not Applicable

Zip

*33414*

Country

*USA*

Zip

*33470*

Country

*USA*

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *TROY FERENCUK*

Street Address (P.O.-Box Number is Not Acceptable)  
*15922 Cypress Park DR*

City *Wellington*

**FL**

Zip Code *33414*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Troy Ferencuk*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*3-7-04*

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *President*  
NAME *Troy Ferencuk*  
STREET ADDRESS *15922 Cypress Park DR*  
CITY-ST-ZIP *Wellington FL 33414*

TITLE *Secretary*  
NAME *Troy Ferencuk*  
STREET ADDRESS *15922 Cypress Park DR*  
CITY-ST-ZIP *Wellington FL 33414*

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IN THIS SPACE**

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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Troy Ferencuk* **TROY FERENCUK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-7-04*

Date

*(561) 795-9853*

Daytime Phone #

CR2E034B (12/02)