2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	PS
1. Entity Name	. •

94000031357

CINDI STAGE, P.A.



Principal Place of Business 13285 SILVERFOX TRAIL

Mailing Address 13285 SILVER FOX TRAIL

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100000mu

FILED

Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90063 022 ***150.00

PALM BEACH GARDENS FL 33418 US 2. Principal Place of Business		PALM B US	PALM BEACH GARDENS FL 33418 US 3. Mailing Address							
Suite, Ap	ot. #, etc.	Suite,	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ate	City &	City & State			4.	FEI Number 65-0486898		Applied For	
Zip	Country	Zip	· <u>-</u>	Count	ry	5.	Certificate of Status Desired	\$8.75 A	Not Applicable	
	6. Name and Address of Current Registered Agent					7.	Name and Address of New Register			
11380 PF SUITE 20	, JAMES R ROSPERITY FARMS ROAD		. 	 - -	Street Addre		ox Number is Not Acceptable)			
SIGNATURE F Afte	Signature, typed or printed name of registered of the state of the sta	agent and title if applicab			d office or reg		ent, or both, in the State of Florida. I	am familiar with	, and accept	
10.	k Payable to Florida Departmen	ND DIRECTORS	<u> </u>						d to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAGE, CYNTHIA E 13285 SILVERFOX TRAIL PALM BEACH GARDENS FL 3		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	ADI	DITIONS/CHANGES TO OFFICERS A	AND DIRECTOR Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A	ADDRESS - ZIP	7.		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A				☐ Change	Addition	
TITLE NAME STREET ADORESS			☐ Delete	TITLE NAME STREET A	DDRESS			☐ Change	☐ Addition	

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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation of the corporation or the receiver of trustee empowered.

SIGNATURE:

CITY-ST-ZIP