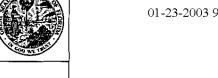
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P94000031846 DOCUMENT # 1. Entity Name

**FILED** Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90203 041 \*\*\*150.00



SUIS LAC	ONLE CONF.						
Principal Place of Business 1014 NW 121 LANE CORAL SPRINGS FL 33071		Mailing Address 1014 NW 121 LANE CORAL SPRINGS FL 33071				MI BENI BANK BANDA KIKEN KAR	NI LOURE BERKE BEIZE ER GE
2. Principal F	Place of Business	3. Mailir	ng Address				
Suite, Apt	. #, etc.	Suite,	, Apt. #, etc.		☐ CHECK HI	ERE IF MAKING CHAI	NGES
City & State		City & State			4. FEI Number 65-04939	344	Applied For Not Applicable
Zip	Country	Zip		Country	5. Certificate of Status Desir		5 Additional equired
_{	6. Name and Address of Current	Registered	l Agent		7. Name and Address of Ne		
11/PIOCATED LALLED B				Name	A SECTION AND A SECTION ASSECTATION AND A SECTION ASSECTATION ASSE	<del></del> ,	
	R, JAMES P		Street Address		(P.O. Box Number is Not Acceptable)		
	121 Lane Prings FL 33071			-			
CONAL O	TRINGS FE 3307 F			City		FL Zi	p Code
8 The above	named entity submits this statement for	or the nurno	se of changing its re	gistered office or registe	ered agent or both in the State of		r with and accont
	tions of registered agent.	or the purpo.	se or changing its re	gistered office of registe	sted agent, or both, in the state t	orrionda. Tamtamiliai	with, and accept
SIGNATURE							
0.0	Signature, typed or printed name of registered agent	and title if applic	able. (NOTE: R	egistered Agent signature require	ed when reinstating)	DATE	
	ILE NOW!!! FEE IS \$150.00				9. Election Campaig	n Financing	\$5.00 May Be
	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	of State			Trust Fund Contrib		Added to Fees
10.	OFFICERS AND		s I	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIREC	CTORS IN 11
TITLE	DP	<del></del> -	☐ Delete	TITLE		☐ Cf	
NAME STREET LODDESS	WEIDENER, JAMES P 1014 NW 121 LANE			NAME			
STREET ADDRESS CITY-ST-ZIP	CORAL SPRINGS FL 33071			STREET ADDRESS CITY-ST-ZIP			
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NAME	WEIDENER, MARGARITA					1   Ct	nange 🗀 Addition 📗
STREET ADDRESS CITY-ST-ZIP	1014 NW. 121 LANE			NAME		□ Cr	nange 🗌 Addition
	I CODAL CODINGS EL 20074		ı	STREET ADDRESS		∐ ¢	nange 🗌 Addition
<del></del>	CORAL SPRINGS FL 33071	_		STREET ADDRESS CITY-ST-ZIP			
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

