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

## FILED May 01, 2003 8:00 am Secretary of State

DOCUMENT # P9400092377  1. Enlity Name Scott W. STRADLEY CPA PA					05-01-2003 90966 035 ***150.00	
DO I	NOT WRITE	IN THIS SI	PACE			
2. Principal Place of Business 655 10 TH COURT		3. Mailing Address 655 10 Th Court				
Suite, Apt. #, etc.		Suite. Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
VERO BEA	CH EI	VERO BEACH	ı EL		El Number 65-0543995	Applied For Not Applicable
Zip 32962	Country	32962	Country		Pertificate of Status Desired	8.75 Additional ee Required
32762	<u> </u>			7. Na	me and Address of Current Registered A	
DO NOT WRITE IN THIS SPACE  City VEQUBENCH STRADLE'  City VEQUBENCH FL Zip Code 3296 2						
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 Signature has	ed or printed næme of registered agent a	nd title if applicable (NOTE	: Registered Agent signat	-ca required whom ro	ristating) DATE	
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				3 3 1 4 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9. Election Campalgn Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND I		e , o , e, v , e ,			
	10 M. STRAD 10 M COURT		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	19E XC4, 1-L	3 2 76 2	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADORESS CITY-ST-ZIP			TITLE <sup>1</sup> NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRIT	E
TITLE NAME STREET ADDRESS CITY-ST-2IP			TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		IN THIS SPAC	)E
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY+ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that t	he information supplied with	this filing does not quality for	NAME STREET ADDRESS CITY-ST-ZIP	ed in Section 1	19.07(3)(i). Florida Statutes, I further certify agai effect as if made under oath; that I arr	y that the information

and cated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that far an officer or direction 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR