## **FILED** Apr 30, 2003 8:00 am Secretary of State

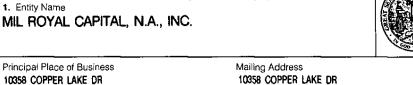
04-30-2003 90025 026 \*\*\*150.00

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

DOCUMENT #

P95000005158

SIGNATURE



**BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437** US

Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	



CHECK HERE IF MAKING CHANGES

City & State		City & State			4. FEI Number 65-0552273	Applied For
					05-0002273	Not Applicable
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired	\$8.75 Additional
6. Name and Address of Current Registered Agent					7. Name and Address of New Register	ed Agent
_				Name		

STITSKY, EDITH'D 10358 COPPER LAKE DR **BOYNTON BEACH FL 33437** 

treet Address (P.O. Box Number is Not Acceptable)	- "	
<u></u>		

	City						FL	Zip Code	
istere	ed office or	registered agent	or both, i	n the S	state of	Florida.	I am far	niliar with, a	nd accept

В.	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 acce	∌pt
	the obligations of registered agent.	

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

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

DATE

After May 1, 2003 Fee	will be \$550.00
4.4	05510500 4410 010507000

Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check	k Payable to Florida Department of State					
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS	3 IN 11
NAME STREET ADDRESS CITY-ST-ZIP	D STITSKY, EDITH D 10358 COPPER LAKE DR BOYNTON BEACH FL 33437	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
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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: