2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P95000043082 **DOCUMENT #** 1. Entity Name



FILED Mar 03, 2003 8:00 am Secretary of State

	JRANCE CENTER, INC.						03-03-2003 :			30.00
Principal Pla 846 SARNO MELBOURNE		846	ng Address SARNO RD BOURNE FL 32935			 				10)ê: (ê)(0 ((0) (20)
2. Principal i	Place of Business	3. Mai	ling Address		· •					
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Sta	ate	City	& State			4. FEI Number	59-3321130)		Applied For Not Applicable
Zip	Country	Zip		Country		5. Certificate of	Status Desired		\$8.75 Fee Req	Additional
	6. Name and Address of Cur	rent Registere	ed Agent			7. Name and A	ddress of New R	egistered	Agent	
SULLIVAI	N, KENNETH A				16		~ 20 20			
846 SAR	Stree	et Address (i	P.O. Box Number i	s Not Acceptable)	•	***			
MELBOU	RNE FL 32935				_					
•				City	·			FI	Zip C	Code
8. The above the obligation	e named entity submits this statement tions of registered agent.	ent for the purpo	ose of changing its	registered office	e or registere	ed agent, or both,	in the State of Flo	rida. I am	familiar w	th, and accept
SIGNATURE .	Signature, typed or printed name of registered	agent and title if appl	licable. (NOTE	E: Registered Agent sig	gnature required	when reinstating)		DATE		
	TLE NOW!!! FEE IS \$150.00		<u></u>							
" Afte	r May 1, 2003 Fee will be \$550					9 Flect	ion Campaign Fin	ancina	ф.	.00 May Be
Make Check	k Pavable to Florida Departme	nt of State					Fund Contribution			ded to Fees
Secure Law	k Payable to Florida Departmen	nt of State	De .			Trust	Fund Contribution	n. [☐ Ade	ded to Fees
Serve and	k Payable to Florida Departmen	nt of State		11.		Trust		n. [D DIRECTO	DRS IN 11
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12. I hereby certify that the information supplied with this filling 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:

321-632-4266