2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P95000055675

1. Entity Name

CITY LIMITS ENTERPRISES, INC.



<u> </u>				`	- WE			
3225 SW PORT ST LUCIE BLVD 32			Mailing Address 3225 A SW PORT ST LUCIE BLVD PORT ST LUCIE FL 34953			90004250		
2. Principal	Place of Business	3. Mailing Address						
Suite, Api	t. #, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES .		
City & Sta	ate	City & State			4.	UU UUUUUU		Applied For Not Applicable
Z/ID	Country	Zip		Country	5.	. Certificate of Status Desired	□ \$8.75 A	Additional
	6. Name and Address of Current	Registered Ag	ent		7.	Name and Address of New R		
GLASS, I	RICHARD P							
3225 SW	PORT ST LUCIE BLVD		Street Address ((P.O. Box Number is Not Acceptable)		
	LUCIE FL 34953					,	 -	
				City			FL Zip Co	
SIGNATURE	e named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent. ILE NOW!!! FEE IS \$150.00				nature required when	-	DATE	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Fina Trust Fund Contribution		00 May Be ed to Fees
10.	OFFICERS AND	DIRECTORS		11.	A	DDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	DC IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASS, RICHARD P 3225 SW PORT ST LUCIE BLVD PORT ST LUCIE FL 34953		Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP		SEMISTO, OFFICE TO OFFICE	☐ Change	
TITLE NAME] Delete	TITLE		, <u>, , , , , , , , , , , , , , , , , , </u>	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			tin minams	NAME STREET ADDRESS CITY-ST-ZIP	3	ger en la la la la	سوماي مختري	i
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		Delete	TITLE NAME STREET ADDRESS	3		☐ Change	☐ Addition
TITLE NAME			Delete	CITY-ST-ZIP TITLE			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				NAME Street Address City-St-Zip				
ITLE IAME TREET ADDRESS ITY-ST-ZIP	ı		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
ITLE AME TREET ADDRESS			Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

272/336-8201

FILED

Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90070 002 ***150.00