FILED

Apr 23, 2003 8:00 am Secretary of State

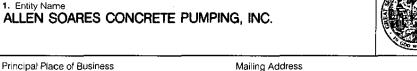
04-23-2003 90195 015 ***150.00

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

P96000003989 DOCUMENT #

2355 HERITAGE TRAIL

NAPLES FL 34102



2355 HERITAGE TRAIL

NAPLES FL 34102



2. Principal Place of Business		3. Mailing Address		1 (\$61190)	48 B418 64111 WRIGH WALST ABSIL 6	7611 69199 1411 8 18181		
5910 THYLOR RD		5910 TAYLOR BD						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
103		103		4. FEI Number				
City & State NAPLES, Fr		City & State	NAPLES FL		65-0736902	├	oplied For ot Applicable	
			Country					
Zip			Country	5. Certificate of Status Desired Fee Required				
	6. Name and Address of Current Re	egistered Agent			Idress of New Register	ed Agent		
			Name	Name ALAN J. JOARES				
LOFENDO, A.J.			<u> </u>	Street Address (P.O. Box Number is Not Acceptable)				
295 BAHIA PT								
NAPLES FL 34103			1770	1770 4th ST South				
			City	NAPLES. FL	F	Zip Cod		
	named entity submits this statement for tions of registered agent.	he purpose of changing its	s registered office or rec	gistered agent, or both,	n the State of Florida. I a	ım familiar with,	and accept	
SIGNATURE .								
	Signature, typed or printed name of registered agent and	I title if applicable. (NOT	E: Registered Agent signature re	equired when reinstating)	DAT	E		
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 t Payable to Florida Department of S			on Campaign Financing Fund Contribution.		00 May Be d to Fees		
10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE ,	P	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	SOARES, ALAN J		NAME .					
STREET ADDRESS	1770 4TH ST S		STREET ADDRESS					
CITY-ST-ZIP	NAPLES FL 34102		CITY-ST-ZIP					
TITLE	S	€Delete	TITLE			☐ Change	☐ Addition	
NAME	SOARES, LYNETTE G		NAME					
STREET ADDRESS	1770 4TH ST S		STREET ADDRESS					
CITY-ST-ZIP	NAPLES FL 34102	,	CITY-ST-ZIP	<u>- ~ .</u>		· <u> · </u>		
TITLE '		☐ Delete	TITLE			Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
गादि		☐ Delete	TITLE			Change	☐ Addition	
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STREET ADDRESS			STREET ADDRESS					
CITY-ST-Ž.			CITY-ST-ZIP					
TITLE į		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME :			NAME				. {	
Street addré 3s			STREET ADDRESS					
CITY-ST-ZIP&			CITY-ST-ZIP			_		
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME				ł	

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.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

A39-566-1721