## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## DOCUMENT # P96000011809

1. Entity Name SEPTEMBER INC.



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90115 044 \*\*\*150.00

						OGO WE THE					
Principal Place of Business 7210 MYSTIC WAY FT. ST. LUCIE FL 34986 US			Mailing Address 7210 MYSTIC WAY PT. ST. LUCIE FL 34986 US			-	60012737				
2. Principal Place of Business			3. Mailing Address .					S NABELISAN UNTUK DITIN BAHTI BUTUN ABUTU DUMAT	11 <b>46</b> 1 11 <b>53</b> 1 1 <b>6</b> 111	<b>CRITT</b> (81) (82)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				_	☐ CHECK HERE IF MAKING	CHANGES		
City & State			City & State				4.	4. FEI Number 65-0642712 Applied For Not Applicable			
Zip Country		Zip Coun			try	5. Certificate of Status Desired S8.75 Additional Fee Required		ditional			
	6. Name	and Address of Current	Register	ed Agent			7. 1	Name and Address of New Registered			
			Name								
	an, Curtis Highway						Street Address (P.O. Box Number is Not Acceptable)				
P.O. BOX		#-1			<u> </u>		~~~			-===	
N PALM BEACH FL 33408-0127								FL	Zip Coo	le	
	named entit	,	or the purp	oose of changing its	registere	ed office or reg	istered ag	ent, or both, in the State of Florida. I am	familiar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered agen	t and title if app	plicable, (NOTE	E; Registere	d Agent signature re	quired when re	einstating) DATE	<del></del>		
Afte	ILE NOW!	!! FEE IS \$150.00 03 Fée will be \$550.00 o Florida Department o	•					9. Election Campaign Financing Trust Fund Contribution.  E		00 May Be	
10.		OFFICERS AND	DIRECTO	DR\$	11.		AD	DDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7210 MYS	G, GEORGE	<del>-; -; -</del>	☐ Delete	TITLE NAM STRE	1			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete		l l			☐ 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:

6. R. SIMILIAL REQUIRED AND SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 19/03

772 468-852) CR2E034 (10/02)