

FILED

03 MAY 22 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) (AMENDED)**

DOCUMENT # P96000017721			
1. Entity Name COURTNEY'S, INC.			
Principal Place of Business 1805 N. DIXIE HIGHWAY POMPANO BEACH, FL 33060 US		Mailing Address 1805 N. DIXIE HIGHWAY POMPANO BEACH, FL 33060 US	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 05-0844775		Applied For Not Accepted	
5. Certificate of Status Desired ☐		88.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRUSHOFF & POSADA, INC. 715 N. BEL AIR DRIVE PLANTATION, FL 33317		7. Name and Address of New Registered Agent Name ANDREW I. LEWIS, ESQ. Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Blvd., #265-S City Hollywood FL 33021	
8. 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 accept the obligations of registered agent.			
SIGNATURE  ANDREW I. LEWIS		5/14/03	
9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
☒ Delete	☒ Delete	☐ Change	☒ Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
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CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
☐ Delete	☐ Delete	☐ Change	☐ Addition
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
☐ Change	☒ Addition	☐ Change	☐ Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
☐ Change	☐ Addition	☐ Change	☐ Addition
12. I hereby certify that the information reported with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 proprietor or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in block 10 or block 11 if changed, or on an attachment with an address, with an appropriate empowerment.			
SIGNATURE:  CLEO J. SPOTA		5/1/03 954-752-8430	

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05/30/03--01056--023 **61.25☐ CHECK HERE IF MAKING CHANGES

CH200304 (10/02)