## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P96000061512



## **FILED** Feb 17, 2003 8:00 am Secretary of State

1. Entity Name NAME DROPPERS, INC.					02-17-2003 90223 009 ***150.00			
7558 ESTRE	ace of Business ELLA CIRCLE ON FL 33433	Mailing Address 7558 ESTRELLA CIRCLE BOCA RATON FL 33433	58 ESTRELLA CIRCLE			· · · · · · · · · · · · · · · · · · ·		
2. Principal	Place of Business 3	. Mailing Address		<del>,</del>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65-0683166 Applied Fo			Applied For
Zip	Country	Zip	,		5. Certificate of Statu	s Desired	\$8.75 A Fee Requi	
	6. Name and Address of Current Regi	stered Agent		Name	7. Name and Addres	s of New Registe		
LIEBERMAN, DANA 75588 ESTRELLA CIRCLE BOCA RATON FL 33433			<u>_</u>		Address (P.O. Box Number is Not Acceptable)			
				Dity		<u>-</u>	<b>FL</b> Zip Co	
8. The above the obligation	e named entity submits this statement for the tions of registered agent.	purpose of changing its	registered of	office or registere	ed agent, or both, in the	State of Florida. I	am familiar with	, and accept
SIGNATURE .	Signature, typed or printed name of registered agent and title	if applicable. (NOTE	E: Registered Age	ent signature required v		<u>.</u>		
After Make Check	ILE NOW!!!   FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of Stat	e			9. Election Ca	mpaign Financing Contribution.	\$5.0	00 May Be d to Fees
10.	OFFICERS AND DIRECT		11.		ADDITIONS/CHANGE	S TO OFFICERS /	AND DIRECTOR	RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	LIEBERMAN, DANA 7558 ESTRELLA CIRCLE BOCA RATON FL 33433	☐ Delete	TITLE NAME STREET AD CITY-ST-2				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-Z	l l			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	* *** · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE NAME STREET ADO CITY-ST-Z	DRESS	· ,		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	ľ			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZIF			,	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with this filing	☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIP	li i			☐ Change	Addition

indicated on this report or 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-488-5759