2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000074483 DOCUMENT



FILED
Mar 03, 2003 8:00 am
Secretary of State

Principal Place of Business 3040 SO. MillTARY TRAIL SUITE A LAKE WORTH FL 33463 US LAKE WORTH FL 33463 US 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Mailing Address 3040 SO. MillTARY TRAIL SUITE A LAKE WORTH FL 33463 US CHECK HERE I		
City & State	IE MAKINO OLIANOE	
City & State City & State 4. FEI Number	IF MAKING CHANGE	5
65-0693964	4. FEI Number 65-0693984 Applied For Not Applicable	
Zip Country Zip Country 5. Certificate of Status Desired	\$8.75 Ac	dditional
6. Name and Address of Current Registered Agent 7. Name and Address of New Re		
GIGNILLIAT, JAMES C		
11897 BIRCH ST. PALM BEACH GARDENS FL 33410	The state of the s	
City	FL Zip Co.	de
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00	~ <u> </u>	00 May Be
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICE	ICERS AND DIRECTOR	RS IN 11
TITLE NAME GIGNILLIAT, JAMES STREET ADDRESS CITY-ST-ZIP PSV GIGNILLIAT, JAMES NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	☐ Change	☐ Addition
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TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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 full indicated on this case of the section 119.07(3)(ii), Florida Statutes. I full indicated on this case of the section 119.07(3)(ii), Florida Statutes. I full indicated on this case of the section 119.07(3)(ii), Florida Statutes.	☐ Change	☐ Addition

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: