2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

SUITE 101

1001 N WASHINGTON BLVD

DOCUMENT # **P96000078808**

1. Entity Name

SHITE 101

Principal Place of Business

1001 N WASHINGTON BLVD

ARMENTROUT & THEIS, CPAS, P.A.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90708 037 ***150.00

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Single Process of Boarness State	SARASOTA FL 34236			SARASOTA FL 34236									
City & State Ci	2. Principal Place of Business			3. Mailing Address									
Applied For	Suite, Apt. #	*, étc.	SLAITE)			()	3	☐ CHECK HERE IF MAKING		G CHANGES			
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARMENTROUT, TERRY L 1001 N WASHINGTON BLVD SUITE 101 SARASOTA FL 34238 3. The above named certify submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Forder. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, toped to printed ame at registered agent. PLE NOW!!! FEE IS \$150.00 ARKENTROUT, TERRY L SIGNATURE SIGNATURE Signature, toped to printed ame at registered agent. PLE NOW!!! FEE IS \$150.00 ARKENTROUT, TERRY L SIGNATURE SIGNATURE SIGNATURE SIGNATURE OF FICHERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SIGNATURE CORRESS OFFI-ST-2P SIGNATURE OFFI-ST-2P SIGNATUR	City & State						4.	4. FEI Number 65-0700940					
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SURF 101 SARASOTA FL 34236 City FL Zip Code S. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept no collegistered agent agent. Interpolation Interpola	W West						Nãme		•				
SUITE 101 SARASOTA FL 34236 3. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the gistered agent. SIGNATURE Signature, typical or granter name of implaned agent and size if applicable. (NOTE Registered Agent Bignature majoral when remaining) DATE							Street Address (P.O. Box Number is Not Acceptable)						
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	L	ertify that the inform	nation supplied with	this filing	does not qualify for		1	d in Section	119,07(3)(i), Florida Statutes.	further cer	tify that the	information	

2. 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:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #