## ILED 2003 8:00 am §

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

<u>UN</u>	<u> IIFORM BUSIN</u>	<b>ESS REPOR</b>	RT (UBR)	Mar 06, 2003 8:00 an	
DOCU	JMENT # <b>P960</b>	00095525		Secretary of State 03-06-2003 90119 040 ***150.00	
Principal Place of Business 1380 15 STREET WEST RIVIERA BEACH FL 33404		Mailing Address 1380 15 STREET WEST RIVIERA BEACH FL 33404			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0725862 Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent	<del>1</del>	7. Name and Address of New Registered Agent	
FRY, MARSHALL J 1051 NOKOMIS STREET CLEARWATER FL 33755			Street Addre	ess (P.O. Box Number is Not Acceptable)	
1 ·	## <sup>**</sup> ]		City	FL Zip Code	
Afte	Signature, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00		TE: Registered Agent signature red	9. Election Campaign Financing \$5.00 May Be	
	k Payable to Florida Department of			Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	DP DESILVA, ROBERT 1380 15TH STREET WEST RIVIERA BEACH FL 33404	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	and the second s	☐ Delete	TITLE  NAME = < STREET ADDRESS  CITY-ST-ZIP	Change Addition	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	

12. I hereby certify that the information 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 of the corporation or the receiver or trustee empowered to execute this report as reported 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.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Da

25/03

Mes.

(061) 842-888