## **2003 FOR PROFIT CORPORATION**

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)						FILED Apr 28, 2003 8:00 am Secretary of State	
		P970000	13340			Secretary of State 04-28-2003 91436 002 ***150.00	
Principal Place of Business 4721 WHITE TAIL LANE SARASOTA FL 34238 US			Mailing Address 4721 WHITE TAIL LANE SARASOTA FL 34238 US				
2. Principal Place of Business			3. Mailing Address			L LOBARRON HID MAINE NEOLI BOUN BOUNT DONAL BORTH HTDOE HATTO MAINE FIOLI ASIA HODE	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES	
City & State			City & State		4.	FEI Number 65-0742977 Applied For Not Applicable	
Zip Country		ntry Zi	Zip Country		5.	Certificate of Status Desired   \$8.75 Additional Fee Required	
6. Name and Address of Current Regist			ered Agent		7.	Name and Address of New Registered Agent	
PATTERSON, JOHN Street A					ace (PO F	Roy Number is Not Accentable	
46 N WASHINGTON BLVD #1 SARASOTA FL 34236				- Street Addit	Street Address (P.O. Box Number is Not Acceptable)		
SAIRGOTA I E 34230				City	City Zip Code		
8 The above	named entity submi	ts this statement for the ou	roose of changing its re	egistered office or rea	istered an	gent, or both, in the State of Florida. I am familiar with, and accept	
the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of				**************************************		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.		OFFICERS AND DIRECT	ORS	11.	ΑC	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAUE, HILDEGAI 4721 WHITE TAIL SARASOTA FL 3	. LN	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP=	VPT DAUE, THOMAS 4721 WHITE TAIL SARASOTA FL-3	. LN	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-SY-ZIP			□ 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	
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12. 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:

341 326 0891