2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000018846							Mar 18, 2002 8:00 am Secretary of State				
Principal Place of Business Mailing Address					-						
3455 HARBOR RD N TEQUESTA FL 33469			P O BOX 421 JUPITER FL 33469								
·											
2. Principal Place of Business			3. Mailing Address						. 1 1	1814 1814 1884	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. F	4. FEI Number 65-0733544 Applied For Not Applicable]
Zip Country		Zip Co		ntry 5. Ce		Certificate of Status Desired		8.75 Add	itional	1	
6. Name and Address of Current			Registered Agent	7. Name and Address of New Registered Agent						1	
BODBICH	EC TOMV				Name]
RODRIGUES, TONY 3455 HARBOR RD N					Street Addres	s (P.O. E	Box Number is Not Acceptable)				
JUPITER FL 33469									.,		
					City FL Zip Code						
8. The above	named entity	y submits this statement fo	r the purpose of changing i	ts register	red office or regis	tered ag	ent, or both, in the State of Florid	la.			
SIGNATURE .	Signature typed	or printed name of registered agent :	and title if applicable. (NO	TE: Registers	ed Agent signature requ	ired when re	rinstating)	DATE			
9. This corpo		ible to satisfy its Intangible			IS \$150.00		<u> </u>				1
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 200 Make Check Payab			002 Fee	will be \$550.00		ate 10. Election Campaign Financing \$5.00 May Be Added to Fees					
11.	T _	OFFICERS AND		12.		AD	DITIONS/CHANGES TO OFFICE				{_
NAME STREET ADDRESS CITY-ST-ZIP	AME RODRIGUES, TONY 3455 HARBOR RD N								☐ Change	☐ Addition	3R2E034 (9/01
TITLE	TEGOCOI		Delete	TITL	r-ST-ZiP E				☐ Change	Addition	CR2
NAME STREET ADDRESS				NAN STRI	ME EET ADDRESS						
CITY-ST-ZIP				—∦—	r-st-zip		<u> </u>		4:		
TITLE NAME	}		☐ Delete	TITL NAM					Change	Addition	
STREET ADDRESS CITY-ST-ZIP				31	EET ADDRESS (-ST-ZIP						
TITLE	-		☐ Delete	TITL	,				Change	Addition	
NAME STREET ADDRESS				NAM STRI	EET ADDRESS						
CITY-ST-ZIP			□ Codeste	}	r-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME			Delete	III TITL	iE			,	change	☐ MUDITION	}
STREET ADDRESS CITY-ST-ZIP				- 11	EET ADDRESS /-ST-ZIP						

13. 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 1

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Change

☐ Addition