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

## P97000023204 DOCUMENT #

1. Entity Name



**FILED** Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90125 004 \*\*\*150.00

| BIG IG, IN   | IC.              |  |  | e.                |                       |  |                              |   |                          |              |                            |        |                 |             |               |
|--|------------------|--|--|-------------------|-----------------------|--|------------------------------|---|--------------------------|--------------|----------------------------|--------|-----------------|-------------|---------------|
| Principal Place 4289 COCONU LAKE WORTH US  | JT RD S          | Mailing Address 4289 COCONUT RD S LAKE WORTH FL 33461 US |  |                   |                       |  |                              |   |                          |              |                            |        |                 |             |               |
| 2. Principal F   |                  | 3. Mailing Address 11227 Cowen Court                     |  |                   |                       |  | []                           |   |                          |              |                            |        |                 |             |               |
| Suite, Apt.  | #, etc.          | Suite, Apt. #, etc.                                      |  |                   |                       |  | CHECK HERE IF MAKING CHANGES |   |                          |              |                            |        |                 |             |               |
| City & Stat  |                  | City & State Lake Worth, FL                              |  |                   |                       | 4  | 4. FEI Number 65-0735860     |   |                          |              | Applied For Not Applicable |        |                 |             |               |
| Zip Country 33467  |                  |  | <del></del>                              | 33467             |                       |  | 5. Certificate of Status D   |   |                          |              | Fee Required               |        |                 |             |               |
|  | 6. Name          | and Address of Current                                   | Agent                                    |                   |                       | 7  | Name                         | and Addre                                 | ss of New                | Registe      | red Age                    | ent _  |                 | <b>-</b>  - |               |
| ·  | W 101 40 C       |  |  |                   |                       | Name   |                              |   |                          |              |                            |        |                 |             |               |
| 4289 COC   | OUGLAS R         |  |  |                   |                       | Street Address (P.O. Box Number is Not Acceptable) 11227 Cowen Court |                              |   |                          |              |                            |        |                 | 1           |               |
| LAKE WO  | rth FL 334       | 161  |  |                   |                       | City<br>Lake Worth   |                              |   | <del></del>              |              |                            | FL     | Zip Cod<br>3346 | le,         | $\frac{1}{2}$ |
|  | named entit      | y submits this statement for                             | the purpos                               | e of changing its | register              |  |                              |   | both, in the             | e State of F |                            |        |                 |             | +             |
| ino oungu  |                  | o o o o o o o o o o o o o o o o o o o                    |  |                   |                       |  |                              |   |                          |              |                            |        |                 |             | 1             |
| SIGNATURE  | Signature, typed | or printed name of registered agent a                    | nd title if applica                      | ble. (NOTE        | : Registere           | d Agent signatu  | re required whe              | en reinstating                            | )                        |              | D                          | ATE    |                 |             |               |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State |                  |  |  |                   |                       |  |                              | 9.  | Election C<br>Trust Fund |              |                            | , _    |                 | May Be      | 7             |
| 10.  |                  | OFFICERS AND   | DIRECTORS                                | <del></del>       | 11.                   |  | ·                            | ADDITIO                                   | NS/CHANG                 | GES TO OF    | FICERS                     | AND DI | RECTOR          | S IN 11     | 1             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                  | OUGLAS R<br>CONUT RD S<br>RTH FL 33461                   |  |                   |                       |  | 11227                        | .1227 Cowen Court<br>.ake Worth, FL 33467 |                          |              |                            |        | <b>X</b> Change | Addition    | 700,000       |
|  |                  |  |  |                   | -                     |  | <u> таке</u>                 | WOLL                                      | 1, FL                    | 3346/        |                            |        | v               |             | <b>-</b> ∤}   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                  | TH A<br>CONUT RD S.<br>RTH FL 33461                      |  | ☐ Delete          |                       | - 1  |                              |   | en Cour                  |              |                            | 4      | <b>¥</b> Change | ☐ Addition  |               |
| TITLE<br>NAME:   | ر سفد ، صدد      | - ೨ - ೧ ರಾಷ್ಟ್ರಾಪ್ ನ್ನಾ                                  | er o o o o o o o o o o o o o o o o o o o | ☐ Delete          | TITLE                 | i  |                              |   |                          |              | - 1                        |        | ] Change        | Addition    |               |
| STREET ADDRESS<br>CITY-ST-ZIP  |                  | W  |  |                   |                       | ET ADDRESS<br>ST-ZIP   |                              |   |                          |              |                            |        |                 |             |               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                  | <del>-</del>   |  | ☐ Delete          | •                     |  |                              |   |                          |              |                            |        | Change          | Addition    |               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                  |  |  | Delete            | •                     |  |                              | -   | ÷ -                      | ,            |                            |        | ] Change        | ☐ Addition  | 1             |
| TITLE NAME STREET ADDRESS  | *.a e            |  |  | ☐ Delete          | TITLE<br>NAMI<br>STRE |  |                              |   |                          |              |                            |        | ] Change        | Addition    | 1             |

CITY-ST-ZIP

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 of 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:** 

CITY-ST-ZIP

1-14-03

Date

561-204-1844

Daytime Phone #