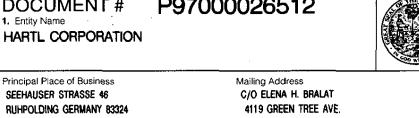
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000026512







		SARASOTA FL 34233					
2. Principal Place of Business		3. Mailing Address		T SERVINGEN HAD INGIN ACCUAL CONTRACT	I BRONDON HIS IDAN KERIK BOHN ORAN ORAN ORAN ORAN ORAN SHIRI BUNG ANAK HISIN HISI HERI I		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-3412719)	opplied For lot Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	□ \$8.75 Ad Fee Require		
	6. Name and Address of Current			7. Name and Address of New Registered Agent			
•		ي. همچ جنسے کا کارک	Name	Name			
BENZ, HARALD B			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
2620-A M	ANATEE AVENUE WEST						
SUITE C						1.	
BRADENTON FL 34205			City		FL Zip Coo	e	
		or the purpose of changing its	registered office or regi	stered agent, or both, in the State of Fig	orida. 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 State				9. Election Campaign Fir Trust Fund Contributio		00 May Be d to Fees	
10. OFFICERS AND DIRECTORS 11.			T 11.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	3S IN 11	
TITLE	P	☐ Delete	TITLE		☐ Change	Addition S	
NAME	HARTL, JAROSLAW		NAME			70,	
STREET ADDRESS	4119 GREEN TREE AVE	•	STREET ADDRESS			8	
CITY-ST-ZIP	SARASOTA FL 34233		CITY-ST-ZIP	d.		□ Addition	
TITLE	VP	☐ Delete	TITLE		☐ Change	Addition \ \frac{\fin}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac}}}}}}{\frac}}}}}}{\fracc}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fi	
NAME STREET ADDRESS	HARTL, WENZEL		NAME STREET ADDRESS		-].	
CITY-ST-ZIP	4119 GREEN TREE AVE SARASOTA FL 34233		CITY-ST-ZIP			}	
TITLE	T	Delete	TITLE		☐ Change	Addition	
NAME	HARTL, ANNA		NAME.				
STREET ADDRESS	4119 GREEN TREE AVE		STREET ADDRESS	_	ہے۔ ن		
CITY-\$T-ZIP	SARASOTA FL 34233		CITY-ST-ZIP				
TITLE	•	☐ Delete	TITLE		☐ Change	☐ Addition	
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		□ B.L				Addition	
NAME		☐ Delete	TITLE NAME		☐ Change	ر Addition	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	\		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change	Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby o	certify that the information supplied with	this filing does not qualify fo	r the exemption stated in	Section 119.07(3)(i), Florida Statutes. I	further certify that the i	information	

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:

Daytime Phone #