FILED Apr 10, 2003 8:00 am Secretary of State

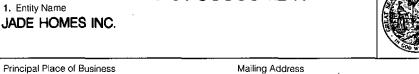
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2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

P97000034247

STE 101



1899 PORTER LAKE DR 1899 PORTER LAKE DR

STE 101

SARASOTA FL 34240 SARASOTA FL 34240 2. Principal Place of Business 3. Mailing Address



		•				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKIN	IG CHANGES	
City & State		City & State		4. FEI Number	Applied For	
Only a diate		Ony a charc		65-0775971	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registere		
COLES ANI	,	,	Name	· ·		
COLES, ANDREW M 1899 PORTER LAKE DR. SUITE 101			Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
SARASOTA	FL 34240					
			City	F		
	amed entity submits this statemer ns of registered agent.	nt for the purpose of changing	its registered office or r	egistered agent, or both, in the State of Florida. I ar	a familiar with, and accept	
SIGNATUREsi	gnature, typed or printed name of registered ag	gent and title if applicable. (f	NOTE: Registered Agent signature	e required when reinstating) DATE		
After M	E NOW!!) FEE IS \$150.00 May 1, 2003 Fee will be \$550.0 Payable to Florida Departmen	1		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS A	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 11	
TITLE P	D	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME C	COLES, ANDREW M		NAME			
	899 PORTER LAKE DR. STE	101	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34240		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
- 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	•		
TITLE	··· ·	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
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CITY-ST-ZIP			CITY-ST-ZIP			
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STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
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NAME		☐ Delete	NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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 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: