FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90978 027 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037761

11021873

1. Entity Name
JULIEN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3129 RIDDLE RD WEST PALM BEACH, FL 33406 US	4405 161ST TERR N LOX, FL 33470 US

2. Principal Place of Business	3. Mailing Address
	3129 RIDDLE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: WEST PALM BEACH, FL
Zip / Country	Zip: 33406 / Country: US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0830732 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RICHARDSON, KEVIN F ESQ.
1551 FORUM PLACE, STE. 300-F
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, 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 State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☒ Delete	TITLE	P ☒ Change ☐ Addition
NAME	JULIEN, STEVEN	NAME	KIM I. HOFFMAN
STREET ADDRESS	4405 161ST TERR N	STREET ADDRESS	3129 RIDDLE ROAD
CITY-ST-ZIP	LOX, FL 33470	CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	VP ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	JULIEN, JODY	NAME	
STREET ADDRESS	4405 161ST TERR	STREET ADDRESS	
CITY-ST-ZIP	LOX, FL 33470	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	
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	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: KIM HOFFMAN 4/24/03 561-434-3129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #