2003	FOR	PROFIT	CORPORAT	LION
UNIFO	RM B	USINES	S REPORT	(UBR

1. Entity Nam		0041617			, 04-25-2003 90128	032 ***150.	.00
Principal Place 4621 OCAN D LAD BY THE		Mailing Address 4621 OCAN DRIVE	low A Ho	mE	• • •	T T	44
BUSIN 2. Principal P 4621 Suite, Apt.	Place of Business OCEAN DRIVE	3. Mailing Address	7 mG	RIVE	CHECK HERE IF MAKI	NG CHANGES	
City & Stat	ERDALE BY The	City & State	AUD BY T	he 3	FEI Number 65-0753604	<u> </u>	oplied For of Applicable
333	OS USA	33308	42W	5.5	Certificate of Status Desired	Fee Require	
	6. Name and Address of Current	Registered Agent		7. 1	Name and Address of New Registere	d Agent	
WEINDED	G, STEVEN A		Name				
7805 SW			Street A	ddress (P.O. E	Box Number is Not Acceptable)		
	ON FL 33324						
, Louision	ON 1 E 00024		City			- Zin Cod	
			City		F		
	named entity submits this statement fo ions of registered agent.	r the purpose of changing it	s registered office or	registered ag	ent, or both, in the State of Florida. I a	m familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and file if earlieshing (AIO)	TE: Registered Agent signatu	and the second section of	einstating) DATE		<u> </u>
		(NO	TE. negisiered Agent Signati	are required when re	enistating)		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State			Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees
10.	OFFICERS AND	DIRECTORS	11.	AC	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	S IN 11
TITLE	PSTD	☐ Delete	TITLE			Change	☐ Addition
NAME [*] STREET ADDRESS	SCHLOTZHAUER, J P 4621 OCEAN DRIVE		NAME STREET ADDRESS				}
CITY-ST-ZIP	LAND BY THE SEA FL 33308		CITY-ST-ZIP	10140	BY THE SEA, F	1. 33	308
TITLE		☐ Delete	TITLE	<u> </u>		[]] Change	Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				ĺ
TITLE		☐ Delete	TITLE			Change	Addition
NAME		C Desete	NAME			Criange	Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		•	☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE			TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				}
CITY-ST-ZIP			CITY-ST-ZIP		<u> </u>		
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition
name Street address			STREET ADDRESS	•			1
CITY-ST-ZIP			CITY-ST-ZIP				ļ

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.