
O3 JUL -8 PM 3: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Narr	MENT # P970000427 of hare, inc.	722		TALLAHASSEE				
Principal Place of Business 2121 N. OCEAN BLVD. #1407-E BOCA RATON, FL 33431		Mailing Address 102 NE 2ND ST PNB 139 BOCA-RATON, FL -33432 US						
2. Principal Place of Business		2 Mailing Address 2121 N. Ocean Blod.						
Suite, Apt. #, etc.		Suite, Apt. *, etc. #1407-E				RE IF MAKING CHAN	GES	
City & State		Boca Rator, FL		4. FEI Number 65-0767376 Applied For Not Applicable		Applied For Not Applicable	_ ~	
Zip **	Country	33431	Country USA		5. Certificate of Status Desire	d 🗆 \$8.75	Additional quired	
	5. Name and Address of Current	Registered Agent	Nam	•	7. Name and Address of Ne	w Registered Agent		
2121 N. OC	, WILLIAM N EAN BLVD. #1407-E ON, FL 33431		Street Address (P.O. Box Number is Not Accept	able)		
DOOMIN	ON, 12 00101					<u></u>		
			City			FL Zip	Code	
	named entity submits this statement to ions of registered agent. Classification and Classification of the Cla	Hers Chris	registered office sture M	e or register L. Cli your required	ed agent, or both, In the State of	Fiorida. I am familiar	with, and accept	
After After Iake Check	FILE NOWILL FEE IS \$150.00 May 1 2003 Fee Will be \$550.00 Payable to Florida Department o	r State			Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees	
0.	OFFICERS AND		11. TILE		ADDITIONS/CHANGES TO			-
TIBLE NAME STREET ADDRESS	CHILDERS, WILLIAM N 2121 N. OCEAN BLVD. #1407-E	☐ Delete	NAME STREET ADDRE		EOC	ao 'F'ron	ange Addition S	5 5
:11Y-S1-2P	BOCA RATON, FL 33431	<u> </u>	CITY-ST-ZIP		07/07/0	301068-		5 0.1
TITLE Hame Street address	VD CHILDERS, CHRISTINE M 2121 N. OCEAN BLVD. #1407-E	🗀 Delete	TITLE NAME STREET ADDRE	ss		□ Cha	ange □ Addition B	3
TIV-SI-ZIP	BOCA RATON, FL 33431	Delete	TITLE NAME			☐ Che	ange Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADORES CRY-ST-ZIP	ss	· 			
LITLE LAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRES	25		☐ Che	ange 🔲 Addition	
ITLE	· · · · .	Delete	CHIV-ST-ZIP	-	-	Ch	ange [] Addition	٠
IAME Tree1 Address ITY-ST-2P		_	NAME SIREET ADDRES CITY-ST-ZIP	ss		_ OIR	ange _ j nousonii	
ITLE LAME TREET ADDRESS STY-ST-ZP		☐} Delete	TIFLE NAME STREET ADDRES CRY-ST-ZIP	SS		□ Che	Addition	
indicated of the cor	certify that the information supplied with on this report or suppliemental report is poration or the receiver of trustee empty or on an attachment with an address, where the control of t	true and accurate and that newered to execute this report with all other like empowered.	ny signature sha as required by t	ill have the s Chapter 607	ction 119.07(3)(), Florida Statute ame legal effect as if made und Florida Statutes; and that my n	er oath; that I am an o ame appears in Block	the information fficer or director 10 or Block 11 II	

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