## Jan 10, 2003 8:00 am Secretary of State

**FILED** 

01-10-2003 90044 039 \*\*\*150.00

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

## P97000062390

DOCUMENT # 1. Entity Name



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Principal Place of Business P.O. BOX 501854 P.			
Suite, Apt. #, etc.    CHECK HERE IF N			
City & State  Country  Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  SANTINI, PAUL P  205 96TH ST., OCEAN  OCEAN MARATHON FL 33050  City  B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridate the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICER  ITILE  SANTINI, PAUL P  SIREET ADDRESS  205 96TH STREET	VAKING CHA		
City & State  City & State  City & State  City & State  Country  Country  Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  Name  SANTINI, PAUL P  205 96TH ST., OCEAN  OCEAN MARATHON FL 33050  City  Street Address (P.O. Box Number is Not Acceptable)  City  City  Signature, typed or printed name of registered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  DPVT  SANTINI, PAUL P  STREET ADDRESS  205 96TH STREET  STREET ADDRESS  Country  5. Certificate of Status Desired  7. Name and Address of New Registered Agent Address (P.O. Box Number is Not Acceptable)  City  Street Address (P.O. Box Number is Not Acceptable)  City  Street Address (P.O. Box Number is Not Acceptable)  City  Street Address (P.O. Box Number is Not Acceptable)  City  Street Address (P.O. Box Number is Not Acceptable)  City  Street Address (P.O. Box Number is Not Acceptable)  City  Street Address (P.O. Box Number is Not Acceptable)  City  Street Address (P.O. Box Number is Not Acceptable)  City  Street Address (P.O. Box Number is Not Acceptable)  City  Street Address (P.O. Box Number is Not Acceptable)  City  Street Address (P.O. Box Number is Not Acceptable)  City  Street Address (P.O. Box Number is Not Acceptable)  City  Street Address (P.O. Box Number is Not Acceptable)  11. ADDITIONS/CHANGES TO OFFICER  NAME  STREET ADDRESS  205 96TH STREET	VIARING CITE	ANGES	
Zip Country Zip Country 5. Certificate of Status Desired  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  SANTINI, PAUL P  205 96TH ST., OCEAN  OCEAN MARATHON FL 33050  City  Street Address (P.O. Box Number is Not Acceptable)  City  City  File above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  1. ADDITIONS/CHANGES TO OFFICER NAME  SANTINI, PAUL P  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS			oplied For
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Santini, PAUL P 205 96TH ST., OCEAN OCEAN MARATHON FL 33050  City  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 Fiorida the obligations of registered agent.  SIGNATURE  Signature Typed or printed name of registered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICER NAME SANTINI, PAUL P STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	A0:	No	ot Applicable
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Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICER  TITLE DPVT Delete TITLE  VAME SANTINI, PAUL P  STREET ADDRESS  205 96TH STREET  STREET ADDRESS  Trust Fund Contribution.	DATE		
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TITLE		Change	Addition

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.