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

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Suite, Apt. #, etc.   GHECK HERE IF MAKING CHANGES  City & State   Country   Zo   Country   S. Certificate of Status Desired   S8.75 Additional   Applied For   To   Country   Zo   Country   S. Certificate of Status Desired   S8.75 Additional   S8.75 Additional   S8.75 Additional   To   Country   Zo   Country   S. Certificate of Status Desired   S8.75 Additional   To   Replication   S8.75 Additional   State   S8.75 Additional   To   Country   S. Certificate of Status Desired   S8.75 Additional   To   Country   S. Certificate of Status Desired   S8.75 Additional   To   Country   S. Certificate of Status Desired   S8.75 Additional   To   Country   State   S8.75 Additional   To   Country   State   S8.75 Additional   To   Country   State   S8.75 Additional   To   Sale   S8.75 Additional   To   Sale   S8.75 Additional   To   Sale   S8.75 Additional   To   S8.75 Additional   S8.75 Additional   S8.75 Additional   To   S8.75 Additional   S8.75 Additional   S8.75 Additional   To   S8.75 Additional   S8.75 Additional   S8.75 Additional   S8.75 Additional   S8.75 Additional   To   S8.75 Additional	546 È. CON	imercial blvd.	960 Sut	1 Dunwoody Place Te 406	:			•				<u>t.</u>	
City & State  Ci	2. Principal	Place of Business	ailing Address	:SS					ATH DENK ATERI H	ITH BEING BAIDI W			
ZO Country  ZO Country  S. Name and Address of Current Registered Agent  C.T. CORPORATION SYSTEM 1200 SOUTH PNE ISLAND ROAD PLANTATION SYSTEM 1200 SOUTH PNE ISLAND ROAD PLANTATION FILESCAPE 1200 SOUTH PNE ISLAND ROAD PROBLEMENT SOUTH PNE ISLAN	Suite, Ap	t. #, etc.	Su	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
Some above named only submits this statement for the purpose of changing his registered Agent and Course of Course o	City & State			City & State				4. FÉI	Number 58-2361	506	-	_::	
S. Name and Address of Current Registered Agent  C.T. CORPORATION SYSTEM  C.T. CORPORATION SYSTEM  1200 SOUTH PINE ISLAND ROAD  PLANTATION FL. 33324-F.  S. The above named onliny submits mis satement for the purpose of changing its registered officer of registered agent.  S. The above named onliny submits mis satement for the purpose of changing its registered officer or registered agent.  S. The above named onliny submits mis satement for the purpose of changing its registered officer or registered agent. or both, in the State of Plotids. I am laminis with, and accept the obligations of registered agent.  S. GENATURE  FLE ADVILLE FLE STAGO DIRECTORS  Alter May 1, 2003 Fee will be \$55.00  After May 2, 2003 Fee will be \$55.00  After May 1, 2003 Fee will be \$55.00  After May 1, 2003 Fee will be \$55.00  After May 1, 2003 Fee will be \$55.00  After May 2, 2003 Fee will be \$55.00  After May 1, 2003 Fee will be \$55.00  After May 1, 2003 Fee will be \$55.00  After May 1, 2003 Fee will be \$55.00  After May 2, 2003	Zip Country			Zip Cour			5. Certificate of Status Desired \$8.75 Addition				dditional		
Dana Bradford  PLANTATION FL 33324 F.  8. The above named entity submits insistatement for the purpose of changing its registered agent. Of America Tower  50 N. Laura St., Ste. 220  Cly acksonville FL 32202  SIGNATURE  (See Attached)  Sequence, type of predictions depicture agent.  (See Attached)  Sequence, type of predictions of registered agent. Or both, in the State of Fonds. I an hamiltar with, and accept the obligations of registered agent. Or both, in the State of Fonds. I an hamiltar with, and accept the obligations of predictions agent. Or both, in the State of Fonds. I an hamiltar with, and accept the obligations of predictions agent. Or both, in the State of Fonds. I an hamiltar with, and accept the obligations of predictions agent. Or both, in the State of Fonds. I an hamiltar with, and accept the obligations of predictions agent. Or both, in the State of Fonds. I an hamiltar with, and accept the obligations of predictions agent. Or both, in the State of Fonds. I an hamiltar with, and accept the obligations of predictions agent. Or both, in the State of Fonds. I an hamiltar with, and accept the obligations of predictions agent. Or both, in the State of Fonds. I an hamiltar with, and accept the obligations of predictions agent. Or both, in the State of Fonds. I an hamiltar with, and accept the obligations of predictions agent. Or both, in the State of Fonds. I an hamiltar with, and accept the obligations of predictions agent. Or both, in the State of Fonds. I an hamiltar with, and accept the obligations of registered agent. Or both, in the State of Fonds. I an hamiltar with, and accept the obligations of registered agent. Or both, in the State of Fonds. I an hamiltar with, and accept the obligations of registered agent. Or both, in the State of Fonds. I an hamiltar with, and accept the obligations of registered agent. Or both, in the State of Fonds. I an hamiltar with, and accept the obligations of registered agent. Or both, in the State of Fonds. I an hamiltar with, and accept the obligations of regi		8. Name and Address	s of Current Register	ed Agent			<u>~</u>	7. Nac	ne and Address of N	ew Registere	<del></del>		
Street Address (P.C.) Book Number is Not Acceptable)	C T CODDODATION SYSTEM					Name Dana Bradford							
PLANTATION FL 33324  8. The above named onlies submits this statement for the purpose of changing its registered again, or both, in the State of Picids. I am familiar with, and accept the obligations of registered again, or both, in the State of Picids. I am familiar with, and accept the obligations of registered again, or both, in the State of Picids. I am familiar with, and accept the obligations of registered again, or both, in the State of Picids. I am familiar with, and accept the obligations of registered again, or both, in the State of Picids. I am familiar with, and accept the obligations of registered again, or both, in the State of Picids. I am familiar with, and accept the obligations of registered again, or both, in the State of Picids. I am familiar with, and accept the obligations of registered again, or both, in the State of Picids. I am familiar with, and accept the obligations of registered again, or both, in the State of Picids. I am familiar with, and accept the obligations of registered again, or both, in the State of Picids. I am familiar with, and accept the obligations of registered again, or both, in the State of Picids. I am familiar with, and accept the obligations of registered again, or both, in the State of Picids. I am familiar with, and accept the obligations of registered again, or both, in the State of Picids. I am familiar with, and accept the obligations of registered again, or both, in the State of Picids. I am familiar with, and accept the obligations of registered again, or both, in the State of Registered again.  SIGNATURE:    Deleta	· · · · · - · ·					Street Address (P.O. Box Number is Not Acceptable)							
8. The above named entity submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida Data familiar with, and accept the obligation of Florida Data familiar with, and accept the obligation of Florida Data familiar with, and accept the obligation of Florida Data familiar with, and accept the obligation of Police I am familiar with, and accept the obligation of Police I am familiar with, and accept the obligation of Data familiar with and accept the obligation of Data familiar with and accept the obliga	PLANTA	TION FL 33324 🚁	-										
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  (See Attached)  Signature (See Attached	*					City					Zip Co	de	
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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 OFFICERS AND DIRECTORS IN 11  THE VP  WARE  STACHURA ALEX E	the obliga	itions of registered agent.						- ugu	, or obar, arrive ordice (	yrrionoa, rei	ri igiriinai Willi	, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	SIGNATURE			plicable. (NOTE:	Registere	Agent signat	ure required wh	hen reinsta	ting)	DATE			
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AME TREET ADDRESS ITY-ST-ZIP  2. 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 reports 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:  SIGNATURE:  O2/18/2003  770-552-9840	IAME TREET ADDRESS			☐ Delete	name Street	1			162m	Ü.	☐ Change	Addition	
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 ill changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  SIGNATURE:  O2/18/2003  770-552-9840	ame Treet address ITY-ST-ZIP		·		NAME STREET CITY-S	1-ZIP			Br.				
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SIGNATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR Date Deviame Proces	IAPIDIC	OIIE:				2							

## ATTACHMENT

## Memorandum

To:

Florida Secretary of State

From: Kenneth M. Moffitt, Corporate Counsel

Date: February 19, 2003

P97000106141

RE:

2003 Annual Report, Change of Registered Agent

On the 2003 Annual Report you identified CT Corporation System as our registered agent. We made a change in our registered agent late last year. We submitted to your office all of the necessary paperwork (signed by our new registered agent). I made the change on the Annual Report but did not have our new registered agent sign because of our completion of that task-at-a prior time-

Please contact me if you have any questions. .

Kenneth Moffitt 770-552-9840