

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91156 005 ***150.00

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

DOCUMENT # P97000107537 1. Entity Name DR. TINTO, INC.				 11040896	
Principal Place of Business 100 N FLORIDA MANGO RD A & B WEST PALM BEACH, FL 33409		Mailing Address 1500 FLORIDA AVENUE WEST PALM BEACH, FL 33401			
2. Principal Place of Business 1500 FLORIDA AVE		3. Mailing Address Suite, Apt. #, etc.			
City & State WEST PALM BEACH, FL		City & State Suite, Apt. #, etc.		4. FEI Number 65-0802335	
Zip 33401		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, NEIL 1500 FLORIDA AVENUE 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 resigning.)					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees				DATE	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, NEIL 1500 FLORIDA AVE WEST PALM BEACH, FL 33401	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 empowers.					
SIGNATURE: <u>NEIL CLARK</u> 4/28/03 5014119394 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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