2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000107785

1. Entity Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

SONNEBORN RUTTER COONEY & KLINGENSMITH, P.A.



FILED Jul 02, 2003 8:00 am Secretary of State

07-02-2003 90009 007 ***550.00

Daytime Phone #

	e of Business PARK DRIVE NO. BEACH FL 33401-7414	Mailing Address 1545 CENTREPARK DRIVE NO. WEST PALM BEACH FL 33401-7414						
2. Principal Place of Business		3. Mailing Address						1161 1111 1981
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & State	9	City & State			4.	FEI Number 65-0800893		plied For t Applicable
Zip	Country	Zip	Count		5.	5. Certificate of Status Desired Security Securi		
6. Name and Address of Current Registered Agent						Name and Address of New Registered Ag	ent	
				Name				
	r. William jr Trepark drive no.	Street Address		ess (P.O. E	(P.O. Box Number is Not Acceptable)			
	M BEACH FL 33401-7414							
		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 reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing Trust Fund Contribution.		May Be to Fees
10.	OFFICERS AND DIRECTORS		11.	 -	AL	DDITIONS/CHANGES TO OFFICERS AND D		
TITLE NAME	D Sonneborn, Barbara W	☐ Delete	TITLI			L	_ Change	☐ Addition
STREET ADDRESS	1545 CENTREPARK DRIVE NO.			ET ADDRESS				İ
CITY-ST-ZIP	1			-ST-ZIP				
TITLE	D	☐ Delete	TITLE	=			☐ Change	Addition
NAME	RUTTER, R. WILLIAM JR	□ <i>00/00</i>	NAM			_		
STREET ADDRESS	1545 CENTREPARK DRIVE NO.		STRE	ET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 33401-74	l14	CITY	-ST-ZIP				
TITLE	D	☐ Délete	- TITLE			**]-Change	Addition
NAME	KLINGENSMITH, MARK W		NAM	E				
STREET ADDRESS	1545 CENTREPARK DRIVE NO.			ET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 33401-74		CITY	-ST-ZIP				
TITLE	D	☐ Delete	TITLE	J			☐ Change	☐ Addition
NAME CYPTET APPRIESS	COONEY, ROSEMARY		NAM	I .				
STREET ADDRESS CITY-ST-ZIP	1545 CENTREPARK DRIVE NO. WEST PALM BEACH FL 33401-74	114		ET ADDRESS -ST-ZIP				
	WEST FALM DEACHTE 33401-74		-			<u> </u>	7.05	- Addition
TITLE NAME		☐ Delete	TITLE	1		L] Change	☐ Addition
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			CITY	-ST-ZIP				ļ
TITLE		☐ Delete	TITLE			Γ	Change	Addition
NAME			NAM			_		
STREET ADDRESS			STRE	ET ADDRESS				
CITY-ST-ZIP			CITY	-ST-ZŀP				
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 epoc 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 the empowered.								