2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001943



FILED Feb 28, 2003 8:00 am Secretary of State

1. Entity Na		OCIATES,	INC.)	02-28-2	2003 901	31 04	5 ***15	50.00
Principal Place of Business 1365 12 ST E. 1365 12 ST E. PALMETTO FL 34221 Mailing Address 1365 12 ST E. PALMETTO FL 34221												UJ 8/800 UH 18 8 1
2. Principal Place of Business			3. Ma	3. Mailing Address				1 20011001 110 10161 10161				
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			1	☐ CHECK	HERE IF M	1AKING	CHANGE	ES
City & State			City	City & State			4. FEI I	0.041679828				Applied For Not Applicable
Zip			Zip	İ	Country		5. Cert	tificate of Status De	sired [\$8.75 A	Additional
	6. Name	and Address	of Current Register	ed Agent			7. Nam	e and Address of	New Regis	tered A	gent	
				- 		Name						
VANCE, BRIAN 9007 BRADEN RUN 748 132 nd ST civile NE BRADENTON FL34202 Bradentin Fl 34-212					£.	Street Address	Street Address (P.O. Box Number is Not Acceptable)					
BRADEN	FON FL-3420	12 Bra	dentun F	134212	-				- .			
						City				FL	Zip C	ode
8. The above	e named entity	y submits this s	tatement for the purp	pose of changing its r	egistered	d office or registe	red agent,	or both, in the Stat	e of Florida		amiliar wit	h, and accept
SIGNATURE		or printed name of re	egistered agent and title if app	pres. (NOTE:	Registered A	Agent signature require	d when reinstat	ting)	2	_/25 DATE	spor	
								_			··	
Afte Make Chec	er May 1, 200		\$550.00 artment of State					9. Election Campa Trust Fund Conf	tribution.		Add	.00 May Be ed to Fees
Afte	er May 1, 200 k Payable to	3 Fee will be Florida Depa	\$550.00	PRS	11.			•	tribution.		Add	ed to Fees
Afte Make Chec	er May 1, 200 k Payable to	OFFIC	\$550.00 artment of State	DRS Delete	11.			Trust Fund Conf	tribution.		Add	ed to Fees RS IN 11
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Afte Make Chec	P VANCE, BI	OFFICE	e \$550.00 artment of State CERS AND DIRECTO	Delete ST civile NE	TITLE	ADDRESS T-ZIP		Trust Fund Conf	tribution.		Add	ed to Fees RS IN 11
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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.

SIGNATURE:

941 721 0504