2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

P98000004576

Mailing Address

1. Entity Name MEDICI, INC.



May 01, 2003 8:00 am 5 Secretary of State

05-01-2003 90404 047 ***150.00

2. Principal Place of Business Suite. Apr. II. etc. City & Siste City & Siste Country Country S. Certificate of Sistus Desired Sp. 3582927 Applied For Applied For Applied For Applied For Took Applied	4100 CORPOR 114 NAPLES FL 34				BELVILLE BLVD. LES FL 34104					A MAGNADO MA NONEL MONTE PARA ARMA DA MARA DA MARA	1811 1	1881 BII (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	61 0 6 1111 (88 4	
Suito, Apt. #, etc. Suito, Apt. #, etc. GHECK HERE IF MAKING CHANGES City & State City & State City & State Check HERE IF MAKING CHANGES Applied For														
City & State	2. Principal Place of Business				3. Mailing Address						• • • • • • • • • • • • • • • • • •			
Type	Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
Source and Address of Current Registered Agent GOERLCH, BONNIE 4100 CORPORATE SOUARE STE 114 NAPLES FL 34104 Site above named entiry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Pfortal. I am familiar with, and accept the chigations or registered agent. Signarture: A FILE NOW III FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Psyable to Florida Digartiment of State 10. OFFICERS AND DIRECTORS TILE NAVE S 00 SELECTION SIGNATURE GOERLCH, BONNIE NAVE S 00 SELECTION SIGNATURE GOERLCH BONNIE NAVE S 00 SELECTION SIGN	City & State				City & State			4	i. FE	59-3582927				
Name Streat Address (PO. Box Number is Not Acceptable)	Zip Co		Country -	Zi	Count		try	5	5. Certificate of Status Desired					
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable (P.O. Box Number is	6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
A100 CORPORATE SOUARE STE 114 NAPLES FL 34104 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Piorica. I am familiar with, and accept the collegators of registered agent, or both, in the State of Piorica. I am familiar with, and accept the collegators of registered agent, or both, in the State of Piorica. I am familiar with, and accept the collegators of registered agent, or both, in the State of Piorica. I am familiar with, and accept the collegators of registered agent, or both, in the State of Piorica. I am familiar with, and accept the collegators of registered agent, or both, in the State of Piorica. I am familiar with, and accept the collegators of registered agent, or both, in the State of Piorica. I am familiar with, and accept the collegators of registered agent, or both, in the State of Piorica. I am familiar with, and accept the collegators of registered agent, or both, in the State of Piorica. I am familiar with, and accept the collegators of registered agent, or both, in the State of Piorica. I am familiar with, and accept the collegators of registered agent, or both, in the State of Piorica. I am familiar with, and accept the collegators of registered agent, or both, in the State of Piorica. I am familiar with, and accept the collegators of registered agent, or both, in the State of Piorica. I am familiar with, and accept the collegators of Registered agent, or both, in the State of Piorica. I am familiar with, and accept the collegators of Registered agent, or both, in the State of Piorica. I am familiar with, and accept the collegators of Registered agent, or both, in the State of Piorica. I am familiar with, and accept the collegators of Registered agent, or both, in the State of Piorica. I am familiar with, and accept the collegators of Registered agent, or both, in the State of Piorica Registered agent, or both, in the State of Piorica Registered agent, or both, in the State of Piorica Registered ag							Name							
STE 114 NAPLES FL 34104 8. The aboven named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or post, in the State of Florida. It am familiar with, and accept the obligations of registered agent agent signature registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent signature registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent signature registered agent signature registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent signature registered agent, or both, in the State of Florida. It am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligation of registered agent, or both in the State of Florida. It also only in the State of Florida. It also obligation of registered agent, or both in the State of Florida.					Street Address			dress (P.O.	P.O. Box Number is Not Acceptable)					
NAPLES FIL 34104 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!! FEE IS \$150.00		PORATE SOU	ARE											
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Symbox, hipts or privat grow of ingulated agent and to if inputable. (NOTE: Registered Agent signature required when relinatating) DATE														
SIGNATURE Signature, Typed or private gymen of registered agent and stille if expiritable. (NOTE: Registered Agent signature required when retination) DATE	NAPLES FL 34104						City			F	L	Zip Code	•	
FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Dignarment of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 1 TITLE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 1 TITLE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 1 TITLE 10. OFFICERS AND DIRECTORS IN NAME 10. OFFICERS AND DIRECTORS IN 1 1 10. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 10. OFFIC	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													
After May 1, 2003 Fee will be \$50.00 Say De Make Check Payable to Florida Department of State 10.	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
TITLE OPST GOFRICH, BONNIE OCRPOPATE SAUARE SUITE 114 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ANDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREE	After May 1, 2003 Fee will be \$550.00							·						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	10.	· · · · · · · · · · · · · · · · · · ·	OFFI	CERS AND DIRECT	ORS	11.			ADD	ITIONS/CHANGES TO OFFICERS A	ND DIF	RECTORS	S IN 11	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STR	TITLE		1		☐ Delete	TITLE						Change	Addition	
NAPLES FL 34104 CITY-ST-ZIP				IADE CUITE 444									ļ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS				JARE SUITE 114										
NAME STREET ADDRESS CITY-ST-ZIP Change Addition		:			□ Delete					<u> </u>	$\overline{}$	Change	□ Addition	
CITY-ST-ZIP							t t				—	g.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		('											ĺ	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CITY-ST-ZIP													
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					☐ Delete						Ш	Change	L_ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS							i i						}	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS													Ì	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE				☐ Delete	TITLE		- -				Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS						NAME							j	
TITLE													Ì	
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS		ļ.———										Observe	□ Addition	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS					∟ Delete `						L	Unange	☐ Audition	
TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS	STREET ADDRESS	{											{	
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP			_	_	CITY-	ST-ZIP							
STREET ADDRESS STREET ADDRESS	TITLE				☐ Delete	TITLE		<u>-</u>				Change	Addition	
■ 1		}					ľ							
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP						1							

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 REQUIRED
SIGNATURE AND TYPED OF REDNEED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: