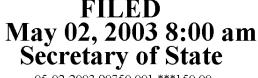
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P98000007436 **DOCUMENT #** 1. Entity Name



FILED	٤
May 02, 2003 8:00 am	į
Secretary of State	
05-02-2003 90750 001 ***150.00	3

PALY EN	TERPRISES, INC.	•										
Principal Plac 2033 MAIN ST SARASOTA FL		Mailing Addre 2033 MAIN ST SARASOTA FL	REET #600									
2. Principal P	Place of Business	3. Mailing Add	Iress				i i er ilari sur i rio l (bis) er sil er ili					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & Stat	е	City & State				4. FEI	Number 65-0813355			plied For t Applicable		
Zip	Country	Zip	Со	untry		5. Cer	tificate of Status Desired		8.75 Add	itional		
	6. Name and Address of Current	Registered Agen	t		<u></u>	7. Nan	ne and Address of New Re	gistered Ag	ent			
				Name								
MEYERS,	TROY H			<u> </u>								
	N STREET #600			Street A	ddress (P.	P.O. Box	Number is Not Acceptable)			ļ		
	A FL 34237											
SARASUI	A FL 3423/											
	,			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.												
CIONISTUDE												
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Regist	ered Agent signati	ure required w	when reinsta	ating)	DATE				
	ILE NOW!!! FEE IS \$150.00											
	r May 1, 2003 Fee will be \$550.00						9. Election Campaign Fina			🛭 Мау Ве		
	Payable to Florida Department o	f State					Trust Fund Contribution.		Added	to Fees		
10.	OFFICERS AND	DIRECTORS		1.	-	ADDIT	TIONS/CHANGES TO OFFIC	ERS AND D	IRECTORS	3 IN 11		
TITLE	P			ITLE	VP				Change	X Addition		
NAME	MATTHEWS, DANIEL P	_	1	AME		י נו	Myers, Jr.	_				
STREET ADDRESS	2033 MAIN STREET STE 600		s	TREET ADDRESS			St, Suite 600					
CITY-ST-ZIP	SARASOTA FL 34237		С	ITY-ST-ZIP			FL 34237					
TITLE			Delete Ti	ITLE	Jarai	воса) -FD -J4237		Change	☐ Addition		
NAME			N	AME								
STREET ADDRESS				TREET ADDRESS						ĺ		
CITY-ST-ZIP			C	ITY-ST-ZIP								
TITLE				ITLE				[Change	☐ Addition \		
NAME STREET ADDRESS				AME								
CITY-ST-ZIP				TREET ADDRESS ITY-ST-ZIP								
] Change	Addition		
TITLE NAME				ITLE AME				L		☐ Addition \		
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NAME		_		AME				_	•	_		
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TITLE				TILE] Change	Addition		
NAME			1	AME						ĺ		
STREET ADDRESS	_			TREET ADDRESS								
CITY-ST-ZIP				ITY-ST-ZIP	L)		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR