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

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

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PRINCIPLE PRODUCT ENGINEERS SUITE 318 PENSACOLA FL 22595 US  2. Principal Place of Business Suite April 4, etc.  City & State City & St	1. Entity Nam		0007611	<b>V</b>			05-05-2002	•	37 ***150.0				
Suite Apil # etc.   Suite Apil # etc.   General Suite Suite   Suite Apil # etc.   General Suite Suite Suite   Suite Apil # etc.   General Suite	3 W GARDEN SUITE 318 PENSACOLA	I ST	P.O. BOX 988 PENSACOLA FL 32595	•									
City & State  Ci		Place of Business	3. Mailing Address					<b>                                    </b>	<b> </b>	HIIO HIIO HIIO			
SPUSSISSAY    Not Applicable   Secretary	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-	☐ CHECK HERE IF MAKING CHANGES						
6. Name and Address of Current Registered Agent  KAHN, LOUIS I 3 W GARDEN ST SUITE 318 PENSACOLA FL 2501 P. The above named analy stomings this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I can familiar with, and accept you be obligations of beginning agent and the registered agent, or both, in the State of Fiorida. I can familiar with, and accept you be obligations of beginning agent and the registered after or registered agent, or both, in the State of Fiorida. I can familiar with, and accept you be obligations of beginning agent and the registered after or registered agent, or both, in the State of Fiorida. I can familiar with, and accept you be obligations of beginning agent and the registered.  SIGNATURE  SIGNATUR  SIGN	City & Stat	е	City & State			4	4. FEI Number 59-35393	47	ناب ا	<u> </u>			
NATION  KAHN, LOUIS I 3 W GARDEN ST  SUITE 318  PENSACOLA FL 2501  FL 70502  P. The abbove namod early of chings this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. If am familiar wath, and accept the collegations of explored agent.  SIGNATURE  Signature  FILE NOW INTERES IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	3202	<u> </u>		Cour	itry	5	5. Certificate of Status Desire	d . 🗆					
Street Address (PO. Box Number is Not Acceptable)  City  FL. 792502  P. The above named crarty Admits this statement for the purpose of changing its registered diffice or registered upent, or both, in the State of Floridg. I am familiar with, and accept y the collipsion of teoplated agent with, and accept y the collipsion of teoplated agent with a collipsion of teoplated agent with a col													
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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		partify that the information dumplied with	this filling does not qualify for			- Sonti-	on 119 07(3)(i) Florido Statuto	se I further or	ertify that the in	oformation			

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:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR