2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

Principal Place of Business

LONGWOOD FL 32750

P98000008233

Mailing Address

1206 N. CR 427

LONGWOOD FL 32750

1. Entity Name

1206 N. CR 427

US

THE PERFECT WEDDING GUIDE, INC.



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90950 005 ***150.00

10027201



2. Principal	Place of Busin	ess	3. Mailing Address					- T TORKHOUN THE TORKE COLLEGE BOTH BOTH BOTH BOTH BOTH BOTH LIKE HILL HILL HILL HILL HILL HILL HILL HIL				
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			·	4.	4. FEI Number 59-3498110			Applied For Not Applicable	
Zip	Country			Zip		Country		5. Certificate of Status Desired		\$8.75 Fee Requ	Additional	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
MCGRODER, PATRICK						Name						
1206 N. CR 427						Street Address (P.O. Box Number is Not Acceptable)						
LONGWOOD FL 32750-3018						-						
LONGWOOD FE 32/30/30 16												
						City FL Zip Code						
8. The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent.												
the obliga	tions of registe	red agent.	or the purp	ode or ondriging its	registered of	iice oi re	gistered agr	ent, or both, in the State of Flor	ida. Lar	n familiar wi	h, and accept	
	, ,											
SIGNATURE	Signature, typed o	r printed name of registered agent	and title if ann	licable (NOTE	. Conjulared Asse							
-			and mon app	TOURS. (NOTE	: Registered Ager	ıt sıgnature i	required when re	einstating)	DATE			
		FEE IS \$150.00						O Floation Committee Float				
Afte	r May 1, 2003	Fee will be \$550.00						Election Campaign Financing Trust Fund Contribution.			.00 May Be led to Fees	
	K Payable to	Florida Department o	- 1					"dat i dila contribution	•	LJ Add	led to Fees	
10.		OFFICERS AND	DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFIC	ERS AN	ID DIRECTO	RS IN 11	
TITLE	D			☐ Delete	TITLE	"				☐ Change		
NAME		r, patrick			NAME	i						
STREET ADDRESS	1206 N. CF				STREET ADD	RESS						
CITY-ST-ZIP	LONGWOO	D FL 32750-3018			CITY-ST-ZI	P [
TITLE	D			Delete	TITLE					Change	Addition	
NAME	MCGRODE	r, christine a			NAME	ł						
STREET ADDRESS	1206 N. CF				STREET ADD	RESS						
CITY-ST-ZIP	LONGWOO	D FL 32750-3018			CITY-ST-ZI	-						
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NAME					NAME	1						
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CITY-ST-ZIP					CITY-ST-ZIP							
12 I hereby c	artify that the is	oformation cumplied with	thin filing a		-							

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

10/00/03 4/7-331-62/2 Date Daytime Phone #