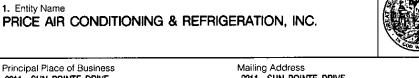
Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90066 022 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000016491





9311 SUN PO	e of Business OINTE DRIVE ACH FL 33437	9311	Mailing Address 9311 SUN POINTE DRIVE BOYNTON BEACH FL 33437								
2. Principal P	lace of Busines	3. Mai	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State	e	City	City & State				FEI Number 65-0838780			pplied For ot Applicable	
Zip	Country				ntry				\$8.75 Ad Fee Require	8.75 Additional e Required	
6. Name and Address of Current Registered Agent							7. N	lame and Address of New F	Registered A	gent	
						Name					
-	oseph l 🦈 N pointe Óf		·	Street Address (P.O. Box Number is Not Acceptable)							
BOYNTON	N BEACH FE	33437									
<u> </u>			City			FL	Zip Cod	de			
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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
				1		3-		<u> </u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of					•		 Election Campaign Fi Trust Fund Contribution 			OO May Be d to Fees	
10.		OFFICERS AND	DIRECTO	RS	11.	· · · · · · · · · · · · · · · · · · ·	AD	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRICE, JOS 9311 SUN F BOYNTON I			. Delete		i				Change	☐ Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZiP				☐ Delete		i		-		☐ Change	☐ Addition
TITLENAME STREET ADDRESS			· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITU NAM STR					Change	Addition
CITY-ST-ZIP						Y-ST-ZIP					
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TITLE NAME STREET ADDRESS		4,000	/	☐ Delete	TITL NAM STR	1 11				Change	☐ Addition

12. I hereby certify that the information supplied with the filling does not questly 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 vite and acturate 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 expowered. indicated on this report or supplemental report is of the corporation or the receiver or trustee empor changed, or on an attachment with an address, wi

SIGNATURE:

CITY-ST-ZIP

56/3649770