2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063377

FILED Apr 25, 2001 8:00 am Secretary of State

2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THE City & State City & State City & State Country Zip Country 5. Certificate of Status Desired 8. Name and Address of Current Registered Agent Rope Address of Current Registered Agent 7. Name and Address of New Registered Name BORKOSKY, NANCY S 10 SE 1ST AVE., 2ND FLOOR DELRAY BCH FL 33444 City Del Current Registered Agent City Del Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) City Del Current Registered Agent, or both, in the State of Florida. SIGNATURE Signature, iffeed or printed name fir registered agent and use if applicable. (NOTE Registered Agent signature required when refracting) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution.	Applied For Not Applicable \$8.75: Additional Fee Required ed Agent
2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THE City & State City & State City & State City & State Country 5. Certificate of Status Desired 8. Name and Address of Current Registered Agent Name BORKOSKY, NANCY S 10 SE 1ST AVE., 2ND FLOOR DELRAY BCH FL 33444 City Del Country City Del Country Street Address (P.O. Box Number is Not Acceptable) City Del Country City Del Country Street Address (P.O. Box Number is Not Acceptable) To Street Address (P.O. Box Number is Not Acceptable) Signature, ifped or printed name in registered agent, or both, in the State of Florida. SIGNATURE Signature, ifped or printed name in registered agent and utile if applicable. NOTE Registered Agent signature required when refracting) DATE After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution.	Applied For Not Applicable \$8.75 Additional Fee Required ed Agent
City & State Country Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered BORKOSKY, NANCY S 10 SE 1ST AVE., 2ND FLOOR DELRAY BCH FL 33444 City Delray By au City Delray By au F. 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. SIGNATURE Signature, typed or printed name or registered agent and title if applicable. (NOTE: Registered Agent stonages required when retreating) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State Tourist Fund Contribution.	Applied For Not Applicable \$8.75: Additional Fee Required ed Agent
Zip	Not Applicable \$8.75 Additional Fee Required ed Agent
8. The above named entity submits this statement for the purpose of changing its registered Agent Signature. Hiped or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 7. Name and Address of New Registered 8. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City Decrease City Decrease File Now is registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 10. Election Campaign Financing Trust Fund Contribution.	\$8.75 Additional Fee Required ed Agent
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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. SIGNATURE Signature, lipsed or printed name of registered agent and title if applicable. (NOTE Registered Agent stonature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Signature, lipsed or printed name of registered agent add title if applicable. (NOTE Registered Agent stonature required when reinstating) DATE ONTE Stonator S	L Zip Code
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	, 0 /
11 OFFICERS AND DIRECTORS 10 ADDITIONAL TO OFFICERS A	\$5.00 May Be Added to Fees
11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND TITLE ITILE NAME STEWART-BORKOSKY, NANCY STREET ADDRESS 227 S. SWINTON AVE. CITY-ST-ZIP DELRAY BCH FL 33444 12. ADDITIONS/CHANGES TO OFFICERS AND OFFICERS AND OFFICERS AND OFFICERS AND DIRECTORS TO OFFICERS AND OFFICERS AND DIRECTORS TO OFFICERS AND OFFICE	Change
TITLE D EVANS, ANNA STREET ADDRESS 212 KINGS LYNN Deleta TITLE NAME STREET ADDRESS STREET ADDRESS	☐ Change ☐ Addition 🕏
CITY-ST-ZIP DELRAY-BCH-FL 33444. TITLE D SECRET CUTY Delste TITLE NAME RYAN, BERN STREET ADDRESS CITY-ST-ZIP W. PALM BCH 33 405 CITY-ST-ZIP CITY-ST	Change Addition
TITLE NAME NAME 6875 NW 15th 5t CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME CITY-ST-ZIP TITLE NAME CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. 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 cells in the control of this report of supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further cells in the control of this report of supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.	Change Addition

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