FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91457 027 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

E.H.G. RESIDENT AGENTS, INC. 5. Name and Address of Current Registered Agent F.H.G. RESIDENT AGENTS, INC. 5. Street Address of New Registered Agent 7. Name and Address of New Registered Agent F.H.G. RESIDENT AGENTS, INC. 5. The above manyor entity submits this distance for the purpose of changing its registered office or registered agent, or both, in the State of Fioria. I am fair air with, and ac the originators of registered agent, or both, in the State of Fioria. I am fair air with, and ac the originators of registered agent, or both, in the State of Fioria. I am fair air with, and ac the originators of registered agent, or both, in the State of Fioria. I am fair air with, and ac the originators of registered agent, or both, in the State of Fioria. I am fair air with, and ac the originators of registered agent, or both, in the State of Fioria. I am fair air with, and ac the originators of registered agent, or both, in the State of Fioria. I am fair air with, and ac the originators of registered agent, or both, in the State of Fioria. I am fair air with, and ac the originators of registered agent, or both, in the State of Fioria. I am fair air with, and ac the originators of registered agent, or both, in the State of Fioria. I am fair air with, and ac the originators of registered agent, or both, in the State of Fioria. I am fair air with, and ac the originators of registered agent, or both, in the State of Fioria. I am fair air with, and ac the originators of registered agent, or both, in the State of Fioria. I am fair air with, and ac the originators of registered agent, or both, in the State of Fioria. I am fair air with, and ac the fair air air air air air air air air air	DOCUI	n e	# P9800006 :.	7489									
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Size Country Zip Country Zip Country Size	Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.					CHECK HERE IF	MAKING CH	ANGES	
6. Name and Address of Current Registered Agent E.H.G. RESIDENT AGENTS, INC. 6100 TOWN CENTER CIRCLE SUITE 430 BOCA RATON, FL 33498 Gity FL Zig Code 6. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Fords. I am fam fam with, and active control of registered agent, or both, in the State of Fords. I am fam fam with, and active control of registered agent, or both, in the State of Fords. I am fam fam with, and active control of registered agent, or both, in the State of Fords. I am fam fam with, and active control of registered agent, or both, in the State of Fords. I am fam fam with, and active control of registered agent, or both, in the State of Fords. I am fam fam with, and active control of registered agent, or both, in the State of Fords. I am fam fam with, and active control of registered agent, or both, in the State of Fords. I am fam fam with, and active control of registered agent, or both, in the State of Fords. I am fam fam with, and active control of registered agent. SIGNATURE: And Control of P.O. Box Number is Not Acceptable) Gity J. P.L. State of Pools, Number is Not Acceptable) Gity J. P.L. State of Pools, Number is Not Acceptable) Gity J. P.L. State of Pools, Number is Not Acceptable) Gity J. P.L. State of Pools, Number is Not Acceptable) DITE. FILE NOWIT: FEE IS \$180.00 ### Acceptable of Pools and Expertment of State of Pools, Number is Not Acceptable of Pools, Number is Not Acceptable. DITE. FILE NOWIT: FEE IS \$180.00 ### Acceptable of Pools and Pools of Pools o	City & State	e .		City &	State				4. FE			No	t Applicable
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B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Provids. I am familiar with, and act the colligators of registered agent, or both, in the State of Provids. I am familiar with, and act the colligators of registered agent, or both, in the State of Provids. I am familiar with, and act the colligators of registered agent, or both, in the State of Provids. I am familiar with, and act the colligators of registered agent, or both, in the State of Provids. I am familiar with, and act the colligators of registered agent, or both, in the State of Provids. I am familiar with, and act the colligators of registered agent, or both, in the State of Provids. I am familiar with, and act the colligators of registered agent, or both, in the State of Provids. I am familiar with, and act the colligators of registered agent, or both, in the State of Provids. I am familiar with, and act the colligators of registered agent, or both, in the State of Provids. I am familiar with, and act the colligators of registered agent, or both, in the State of Provids. I am familiar with, and act the colligators of registered agent, or both, in the State of Provids. I am familiar with, and act the colligators of registered agent, or both, in the State of Provids. I am familiar with, and act the colligators of registered agent, or both, in the State of Provides of Registered agent, or both, in the State of Provides of Registered agent, or both, in the State of Provides Agent agent, or both, in the State of Provides Agent agent, and act the state of Registered Agent, and ac	5100 TOWN	CENTER	CIRCLE SUITE 430					ddress (f	P.O. Bos	x Number is Not Acceptable)			
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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 dicated 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 dire 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE:	NAME STREET ADDRESS				Delete	NAM Stre	É	D., C HEL 10 00 Pem	UP = ENC BLO	BENGEN LTH HIATUS REA ZE BINN, FL 330	0 1 Stel 126	Change OO	Addition .
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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 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 dire 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE:	NAME STREET ADDRESS				□ Delete	NAM STRE	E E Et address -st-zip	Dist LAW 1000 Jem	New	LET. COH TH HIATUI LOND TO PINCY, QL 3,	,5/e/0 1626	Change	Addition
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