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

## **FILED** Mar 31, 2003 8:00 am Secretary of State

Principal Place of Business   D.25 Miss SOTH STREET   SURES, EL 197931   SURES, EL 197931	CONSOLI	e	# P98000081! RAND SERVICES,					03-31-200	<i>73 7</i> 0130	001	130.00	
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City & State    City & State   City	2. Principal P	lace of Busin	988	3. Mailing Address								
Courty   Zip   County   Zip   County   S. Certificate of Status Desired   St. 75 Actional Applications   St. 75 Actional A	Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					_
S. Name and Address of Current Registered Agent	City & State			City & State			4. FEI			No	t Applicable	
Name   Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (	Zip	Zip Country		Zip Country		itry			L Ès	e Required		
KLERN, RONALD   A343 SHERDANST   Street Address (P.O. Box Number is Not Acceptable)				Registered Agent		_	7. Na	me and Address of New Re	gistered Ag	ent		٠
As The above named entity submits his patient for the purpose of changing its registered office or registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent.    SIGNATURE	KLEIN, ROI 4340 SHER	NALD		or de			(P.O. Box	( Number is Not Acceptable)				-
A. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and accept it possible or registered agent, or both, in the State of Forda. I am familiar with, and accept it possible or registered agent, or both, in the State of Forda. I am familiar with, and accept it possible or registered agent, or both, in the State of Forda. I am familiar with, and accept it possible or registered agent, or both, in the State of Forda. I am familiar with, and accept it possible or registered agent, or both, in the State of Forda. I am familiar with, and accept it possible or registered agent, or both, in the State of Forda. I am familiar with, and accept it possible or registered agent, or both, in the State of Forda. I am familiar with, and accept it possible or registered agent, or both, in the State of Forda. I am familiar with, and accept it possible or registered agent, or both, in the State of Forda. I am familiar with, and accept it possible or registered agent, or both, in the State of Forda. I am familiar with, and accept it possible or registered agent, or both, in the State of Forda. I am familiar with, and accept it possible or registered agent, or both, in the State of Forda. I am familiar with, and accept it possible or registered agent, or both, in the State of Forda. I am familiar with, and accept it possible or registered agent, or both, in the State of Forda. I am familiar with, and accept it possible or Forda. I am familiar with, and accept it possible or Forda. I am familiar with, and accept it possible or Forda. I am familiar with, and accept it possible or Forda. I am familiar with, and accept it possible or Forda. I am familiar with, and accept it possible or Forda. I am familiar with, and accept it possible or Forda. I am familiar with, and accept it possible or Forda. I am familiar with, and accept it possible or Forda. I am familiar with, and accept it possible or Forda. I am familiar with,		OD. FL 330	21									1
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE		,				City	<del></del>		FL	Zip Code	<del>•</del>	
FILE NOWIL FEE IS \$150.00 After May 1: 2003 Fee will fixe \$550.00 May Bo Added to Foods    Pooling File				or the purpose of changing its	s register	 ed office or registe	ered agen	nt, or both, in the State of Flor		nillar with,	and accept	
### FILE NOW!!! FEE IS \$160.00 #### CPICK Pay 4th to 4 \$50.00 ##################################	SIGNATURE	Signature, typed	or printed harne of registered agent	and title if applicable. (NOT	lE: Registere	nd Agentsignature require	uten mint	taling)	CATE			
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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 of fustee 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: