2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOSOOOS



FILED May 01, 2003 8:00 am Secretary of State

1. Entity Nam	MEN 1 # FRIENDS, IN	16.			05-01-2003 90801 019 ***158.75						
Principal Place of Business 4184 GULF BREEZE PKWY GULF BREEZE FL 32561			Mailing Address 4184 GULF BREEZE PKWY GULF BREEZE FL 32561								
2. Principal Place of Business			3. Mailing Address				88 14888 IF S 1846 IB146 88 241 9	1111 EBIJI BBIBI	18688 41111 HW11W W		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI N	4. FEI Number 59-3539672 Applied I Not Appl			plied For t Applicable	}
Zip	Zip Country		Zip	Country		5. Certif	icate of Status Desired	V	\$8.75 Add Fee Required		
	6. Name and A	ddress of Current Re	gistered Agent			7. Name	and Address of New	Registered	Agent]
					Name	_					}-
KELLEY, BARBARA J 4174 MADURA FOUR					Street Address (P.O. Box Number is Not Acceptable)					1	
	EZE FL 32561							<u> </u>			1
÷				City			FL				
	named entity submitted a	nits this statement for the gent.	ne purpose of changin	g its registere	ed office or registe	ered agent, o	or both, in the State of F	Florida. I am	familiar with,	and accept	
SIGNATURE .	Signature, typed or printe	d name of registered agent and	title if applicable.	(NOTE: Registere	d Agent signature require	ed when reinstatir	ng)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9	I. Election Campaign F Trust Fund Contribut	. ,		0 May Be I to Fees	
10.		OFFICERS AND DII	RECTORS	11.		ADDITIO	ONS/CHANGES TO OF	FICERS AN	D DIRECTORS	3 IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, BARBA 4174 MADURA GULF BREEZE	ARA J FOUR	°□ Delete		I			•	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOS BRILLE		☐ Delete	TITLI NAM STRE	Ē				Change	Addition	186
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I nereby 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: _

QUIRI BARBARA J. KELLEY

04/28/03

850-934-72<u>34</u>

Daytime Phone #