2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096714

1. Entity Name

SIGNATURE:

CAWLEY-O'DELL ENTERPRISES, INC.

Principal Plac 636 U.S. HIGH NORTH PALM	WAY ONE #1	13	Mailing Address 636 U.S. HIGHWAY ONE #113 P.O. BOX 14445 NORTH PALM BEACH FL 33408								
2. Principal Place of Business			3. Mailing Address						DIKE HEŅIE EKNIK I	188 1 611 681 681	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number 59-3550711 Applied For Not Applicable				
Zip Country		_Z p		Country	untry 5.		5. Certificate of Status Desired				
	6. Name	and Address of Current I					7. Name and Address of New Registered Agent				
636 U.S. I	Country 6. Name and Address of Current WLEY, WAYNE W U.S. HIGHWAY ONE IE 113 ITH PALM BEACH FL 33408 Above named entity submits this exatement obligations of registered about TURE Signature, your printed name of registered age FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Check Payable to Florida Department OFFICERS AN PD CAWLEY, WAYNE W 638 U.S. HIGHWAY ONE #113 NORTH PALM BEACH FL 33408 VD CAWLEY, JEFFREY 2405 FAYE STREET DURHAM NC 27704					Name Cawley, Jeffrey W. Street Address (P.O. Box Number is Not Acceptable) 636 U.S. Highway One, Ste. 113					
NORTH PALM BEACH FL 33408			(North Palm Beach, FL 33408 FL Zip Code					
SIGNATURE F	Signature, yead	or printed name of registered agents FEE IS \$150.00 3 Fee will be \$550.00	nd title if applical		egistered office			2/15	/03	with, and accept 5.00 May Be	
							ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PD	OFFICERS AND I	JINEC TONS	Delete	11.		ADI	BITIONS/CHANGES TO OFFICERS	Char		
NAME STREET ADDRESS CITY-ST-ZIP	CAWLEY, 1 636 U.S. H	IIGHWAY ONE #113		\	NAME Street Address City-St-Zip	5					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAWLEY, . 2405 FAYE	STREET	SEE	CHANGE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6 6	36	LEY, JEFFREY U.S. Hwy. #1, Ste. h Palm Beach, FL 33		nge	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Char	ge 🔲 Addition	
indicated of the cor	on this report	t or supplemental report is	true and acc wered to exe	curate and that my	signature shall	have the s	same le	119.07(3)(i), Florida Statutes. I further egal effect as if made under oath; that da Statutes; and that my name appea	at I am an off	icer or director	

FILED

02-20-2003 90139 022 ***150.00

Feb 20, 2003 8:00 am Secretary of State