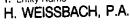
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000105846

1. Entity Name





FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90091 026 ***150.00

60002876	

Principal Place of Busines 8008 DESMOND DRIVE BOYNTON BEACH FL 3343		Mailing Address 8008 DESMOND DRIVE BOYNTON BEACH FL 33437			60002876				
2. Principal Place of Business		3. Mailing Address			'	1881 881 18 18181 1811 1831 8831			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI N	4. FEI NUINDEL CELOQUITOR		lied For Applicable	
Zip	Country Zip Cou		Count	ry	5. Certificate of Status Desired \$8.75 Additional Fee Required			ional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
			Name						
WEISSBACH, HERBERT 8008 DESMOND DRIVE			Street Address (F		(P.O. Box N	(P.O. Box Number is Not Acceptable)			
BOYNTON BEACH						_			
			ļ	City	 	F	_ 1	1	
8. The above named ent	ity submits this statement fi stered agent.	or the purpose of chang	ing its registere	ed office or regist	ered agent,	or both, in the State of Florida. I ar	n familiar with, a	nd accept	
SIGNATURE	ed or printed name of registered agen	t and title if applicable.	(NOTE: Registere	d Agent signature requi	ired when reinstat	ing) DATE			
FILE NOW	!!! FEE IS \$150.00 003 Fee will be \$550.00 to Florida Department				1	Election Campaign Financing Trust Fund Contribution.	Added	May Be to Fees	
10.	OFFICERS AND		11.		ADDIT	IONS/CHANGES TO OFFICERS A		Addition	
TITLE P NAME WEISSB STREET ADDRESS 8008 DE	ACH, HERBERT ESMOND DRIVE ON BEACH FL 33437	Delet	NAM STR	i			☐ Change		
TITLE NAME STREET ADDRESS		☐ Delet	NAM STR	I			☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	, , , , , , , , , , , , , , , , , , , 	z · □ · Detel	NAI STF	I			. Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Dele	NA STI	LE ME REET ADDRESS 'Y-ST-ZIP			☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		□ Del¢	ete TII	ILE ME REET ADDRESS TY-ST-ZIP			☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	t the information supplied	□ Dele	ete . TIII NA ST	TLE AME REET ADDRESS TY-ST-ZIP	n Section 11	9.07(3)(i), Florida Statutes. I furthe nal effect as if made under oath; th	Change	Addition	

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 suppliemental 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: