2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P9900000270 **DOCUMENT #**

1. Entity Name



FILED Jan 17, 2003 8:00 am Secretary of State

THL DIA			01-17-2003 90077 001 ***150.00			0.00			
437 E. ATLA #1A POMPANO E	BEACH FL 33060	Mailing Address 437 E. ATLANTIC BLVD. #1A POMPANO BEACH FL 33	060		1 18 6 11 8 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			 	
2. Principal 3/1 4 Suite, Ap		3. Mailing Address 3/1 S. Pow Suite, Apt. #, etc.	realize K	1				, ISBN 5011 1881 -	
	icle Beach FC	City & State Decretical Be	cofold Real 61		4. FEI Number 65-0886547		F	Applied For	
Zip		Zip 33442	Country US		5. Certificate of Status I		\$8.75 Ac Fee Requir		1
<u> </u>	6. Name and Address of Current	Registered Agent			7. Name and Address	of New Registered	Agent		1
	oin, frederick Flantic Blvd.		Street	Hon Address (P.C). Box Number is Not Ac	ceptable)]
#1A			217	7.	powen line	_Rd			4
1	O BEACH FL 33060		City () e e e 4	icl/ Dega	F	Zip Cod	de> >	$\left\{ \right.$
8. The above the obligation SIGNATURE	e named entity submits this statement for tions of registered agent.		registered office o	or registered	agent, or both, in the St	ate of Florida. I am	familiar with,	and accept	
	Signature, typed or printed name of egistered agent ar	nd title if applicable. (NOTE	: Registered Agent signa	ture required whe	en reinstating)	DATE			
 F	ILE NOW!!! FEE IS \$150.00						<u> </u>		1
Make Chec	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	i		·	9. Flection:Cam Trust Fund Co		\$ 5.0 □ Adde	0 May Be d to Fees	}
10.	OFFICERS AND D		11.		ADDITIONS/CHANGES			S IN 11	1
NAME STREET ADDRESS CITY-ST-ZIP	THOMPSON, FRED 437 E ATLANTIC BLVD STE 1A POMPANO BEACH FL 33060	☐ Delete	TITLE NAME STREET ADDRESS	Tho,	MASON F	red	☐ Change	Addition	100,00
TITLE				3/2 3 1/2/2011	Call Real	Kr 37611	r		3
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NAME Street address City-St-Zip		Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	Deerry	field Beach	FC 3344		☐ Addition	1000
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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 director changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

954-596-5012