2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

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FILED Feb 24, 2003 8:00 am Secretary of State

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Signature Sign	City & State		City & State		4. FEI Number 65-0884207 Applied For	
WARD, WAYNE J 3715 S. LAKE DRIVE BOYNTON BEACH FL 33435 City City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent agent with extension of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent agent with extension and an accordance of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent agent with a spowner required agent, or both, in the State of Florida. I am familiar with, and the required agent	Zip			Country	5. Certificate of Status Desired \$8.75 Additional	
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WARD, WAYNE J 3715 S. LAKE DRIVE BOYNTON BEACH FL 33435 City FL Zip Code City FL Z				Name	7. Name and Address of New Registered Agent	
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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 the obligations of registered agent, or both, in the State of Florida. I am familiar with, and of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and of the registered agent, or both, in the State of Florida Department of State I am familiar with, and of the registered agent, or both, in the State of Florida Department of State I am familiar with, and of the registered agent, or both in the state of the normalization of t				-		
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2. 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 stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes.	2. Thereby ce	ertify that the information assembled to	Albie Ellie e el			

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. If turner certify that the information 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

SIGNATURE:

Daytime Phone #