2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000108930 DOCUMENT

1. Entity Name



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90504 043 ***150.00

Country Zip Country Zip Country St. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address (P.O. Box Nurnber is Not Acceptable) 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address (P.O. Box Nurnber is Not Acceptable) 7. Name and Address (P.O. Box Nurnber is Not Acceptable) 7. Name and Address (P.O. Box Nurnber is Not Acceptable) 7. Name and Address (P.O. Box Nurnber is Not Acceptable) 7. Name and Address (P.O. Box Nurnber is Not Acceptable) 7. Name and Address (P.O. Box Nurnber is Not Acceptable) 7. Name and Address (P.O. Box Nurnber is Not	CLEMENT	TS & ASSOCIATES, P.A.							
Suite, Apt. #, etc. Clip & State A. FEI Number 59-3613612 Applied Fo Not Applied For No	325 WAYMON STE 111 LAKE MARY F US	T CT. EL 32746	325 WAYMONT CT. STE 111 LAKE MARY FL 32746 US						
City & State A, FEI Number 59-3613612 Applied For Nor Applied B& 75 Additional Food Required Roo Required Roo Required Roo Required Street Address of Now Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. I am familiar with, and acceptable or present agent and rice if applicable City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. I am familiar with, and acceptable or present agent and rice if applicable City FLE NOW!!! FEE IS \$150.00 ### After May 1, 2003 Fee will be \$550.00 Make Check Physiolate Orlorida Department of State OFFICERS AND DIRECTORS ITILE STID CIEMENTS, ROSIMERI P PSYD Delete NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Change Add ACC. Change Add ACC. Change Add TITLE TIT	z. miopan	nace of Dasiness	• Maining Madricos				•		
Signature Sign	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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 direct	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		- 440.07/0V/) Fl. '44.00 + 1		•	Addition

ort as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if