## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE REQUIRE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

SIGNATURE:

**FILED** Feb 24, 2003 8:00 am Secretary of State 01-31-2003 90117 009 \*\*\*150.00

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRESE, GARY B. 930 SOUTH HARBOR SUITE 505 MELBOURNE FL 32901 City FL Zip Code 8. The above named enthy submits this statement tour this polytrosa of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and of the obligations of professions of professi			
Suite, Apt. #, etc.    Check Here IF Making Changes   City & State	- - 190 mark 190 akali akidi salah bakk dakk dakk akak akak akak akak balah akak akak akak akak akak akak akak		
City & State  A FEI Number 59-3051141  See Required  For Required  For Required  For Required  For Required  For Required  FRESE, GARY B.  900 SOUTH HARBOR  Suffer 505  MELBOURNE FL 32901  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Determine Title  Number Street Address (P.O. Box Number is Not Acceptable)  Determine Title  Number Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address of Number is Not	-{ 		
Zip Country Zip Country 5. Certificate of Status Desired S8.75 Addition Fee Regulated  6. Name and Address of Current Registered Agant  FRESE, GARY B. 930 SOUTH HARBOR SUITE 505 MELBOURNE FL 32901  6. The above named englisepublish this statement for floor dispressed of changing its registered diffice or registered agent. or both, in the State of Florida. I am familiar with, and it to obligations of properties depend operate more of englisepublish this statement for floor dispressed of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and it to obligations of properties depend operate more department of dispressed of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and it is obligations of properties of agent.  FLE NOWIII FEE \$ \$15.000  Make Check Payable to Florida Department of State  10.			
See that the collegations of pulsers to grant and address of Current Registered Agent  FRESE, GARY B.  \$300 SOUTH HARBOR  \$UITE 505  MELBOURNE FL 32901  City  FL Zip Code  City  FL Zip Code  Signature  City  FL Zip Code  City  FL Zip Code  The above named entity pulsers this statement low for bulgs on a changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, and in the obligations of pulsered agent.  Signature  FILE NOW/III FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Fiorida Department of State  To.  OFFICERS AND DIRECTORS  THE  SIRET ADDRESS  CITY-S1-ZIP  TITLE  DVP  AMME  SIRET ADDRESS  CITY-S1-ZIP  TITLE  DVP  MIMS FL  Delde  TITLE  NAME  SIRET ADDRESS  CITY-S1-ZIP  Change  AMME  Change  Change  Change  AMME  Change  Change  Change  Change  AMME  Change	ed For		
FRESE, GARY B.  930 SOUTH HARBOR  SUITE 505  MELBOURNE FL 32901  City  FL  Zip Code  8. The above named enjurgeubmits this statement land buy of a changing its registered office or registered agent, or both, in the State of Floride. I am familiar with, and is the obligations of page of printed name of registered agent and seel appearable.  Signature  Signature  Syndium, lyped or printed name of registered agent and seel appearable.  (NOTE Registered Agent Signature arequired when resistancy)  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  ITILE  DP  COTTI, BRUCE  ITILE  OVP  PALM BAY FL  Delete  TIME  NAME  SIRECT ADDRESS  SIRECT A	nal		
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