2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S42269 **DOCUMENT #**



FILED Mar 10, 2003 8:00 am Secretary of State

6. Name and Address of Current Registered Agent GRONNER, JOHN H. 2556 DAHOON AVENUE BOX 13 COCONUT CREEK FL 33063 City FL Zi 8. 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	Applied For Not Applicable 5 Additional equired
Suite, Apt. #, etc. CHECK HERE IF MAKING CHACK City & State City & State 4. FEI Number 65-0252851 Zip	Applied For Not Applicable 5 Additional equired
City & State Country Country Country 5. Certificate of Status Desired \$8.7 Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	Applied For Not Applicable 5 Additional equired
Zip Country Zip Country 5. Certificate of Status Desired \$8.7 Fee F 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRONNER, JOHN H. 2556 DAHOON AVENUE BOX 13 COCONUT CREEK FL 33063 City FL Zi 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 the obligations of registered agent and title if applicable. GRONNER, JOHN H. 2556 DAHOON AVENUE BOX 13 COCONUT CREEK FL 33063 City FL Zi 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	Not Applicable 5 Additional equired
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Street Address (P.O. Box Number is Not Acceptable) COCONUT CREEK FL 33063 City FL Zi 8 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE #ILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution.	
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After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution.	_ *
	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	TOPS IN 11
NAME STREET ADDRESS CITY-ST-ZIP GRONNER, JOHN H. STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/2003