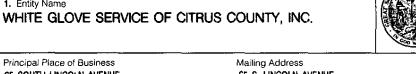
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

S54892 **DOCUMENT #**

1. Entity Name





FILED Apr 28, 2003 8:00 am § Secretary of State

04-28-2003 91416 042 ***150.00

| 65 SOUTH LIN BEVERLY HILL US | e of Business NCOLN AVENUE LS FL 34464 Place of Business | Mailing Address 65 S. LINCOLN AVENUE BEVERLY HILLS FL 34465 US 3. Mailing Address | | | | | | | | |
|--|--|---|-------------|---|---------------------------------------|--|----------|----------|----------------------------|--|
| 2. This pair late of Business | | | | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | | |
| City & Stat | e | City & State | | | 4. | 4. FEI Number 59-3067722 | | | plied For t Applicable | |
| Zip | Country Zip | | Country | | < ~5. \(\) | | | | 8.75 Additional | |
| | 6. Name and Address of Current F | Registered Agent | | 7. Name and Address of New Registered A | | | | | | |
| | | | | Name | | | | | | |
| Ward, Al | | Street Adv | | | s (P.O. Box Number is Not Acceptable) | | | | | |
| | COLN AVENUE | | | | | | | | | |
| BEVERLY | HILLS FL 34464 | | | | | | | | | |
| | | | | City | | | FL | Zip Code | € | |
| 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 with, and accept the obligations of registered agent. SIGNATURE | | | | | | | | | | |
| | Signature, typed or printed name of registered agent at | nd title if applicable. (NOTE | : Registere | d Agent signature requi | ired when re | einstating) | DATE | | } | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | | Election Campaign Financ Trust Fund Contribution. | ing | | 0 May Be to Fees | |
| 10. | OFFICERS AND I | DIRECTORS | 11. | | ΑC | ODITIONS/CHANGES TO OFFICE | | | 3 IN 11 | |
| TÉLE NĂME STREET ADDRESS CITY-ST-ZIP | WARD, ALICE J. 65 S LINCOLN AVENUE | | | | | | С | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | WARD, ALICE J. 65 SOUTH LINCOLN AVENUE | | | - 1 | | | |] Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Delete TITL WARD, JONATHAN D. 65 S LINCOLN AVENUE STR | | | | | |] Change | Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WARD, JOSEPH L. 8 S. TYLER STREET BEVERLY HILLS FL | ☐ Delete | | ı | | | |] Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | | |] Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | | 1 | | | |] Change | ☐ Addition | |

12. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: