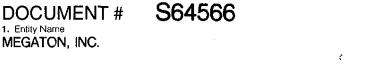
FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90207 001 ***150.00

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

DOCUMENT#





Principal Place of Business Mailing Address 3677 QUAIL RIDGE DR 3677 QUAIL RIDGE OR BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436

|--|--|

2. Principal Place of Business			3. Mailing Address				THE CITE OF THE COLUMN				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. F	4. FEI Number 65-0271777 Applied For Not Applied				
Zip	Zip Country Zip Co			Country	5. (Certificate of Status Desired	\$8.75 Add Fee Require	ditional ed			
	6. Name and	Address of Current	Registered Agent		-37 Jan - 38 8	7. Name and Address of New Registered Agent					
CARL, CHRIS				Name Street Address (P.O. Box Number is Not Acceptable)							
3677 QUAIL RIDGE DRIVE					Street Address (P.O. Box Number is Not Acceptable)						
BOYNTON BEACH FL 33436											
					City	City FL Zip Code					
			or the purpose of ch	anging its reg	istered office or	registered age	ent, or both, in the State of Florida. I a	am familiar with,	and accept		
the obligati	ions of registered	agent.					·		ĺ		
SIGNATURE .											
	Signature, typed or prin	ted name of registered agent	and title if applicable.	(NOTE: Reg	gistered Agent signatu	re required when rei	instating) DAT	E			
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 Financing Trust Fund Contribution.		00 May Be d to Fees			
10.		OFFICERS AND	DIRECTORS		11.	AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARL, CHRIS 3677 QUAIL R BOYNTON BE	IDGE DRIVE ACH FL 33436)elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition -		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				elete	NAME STREET ADDRESS CITY-ST-ZIP	<u>بن جيد</u> <u>بن ج</u>		Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			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: