FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UN	DO3 FOR PROFILED BY BUSIN SECTION 1	ESS REI				Jun 16, 2003 8:00 as Secretary of State	m 🖁	
1. Entity Nar	ne Montana a sa	April an	" HICV			06-16-2003 90146 029 ***558.75	<	
		Mailing Addres PO BOX 81216 BOCA RATON US	9	WE I				
Principal Place of Business 3. Mailing Address			ress					
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & Sta	te	City & State			4.	FEI Number 65-0298028 Applied Applied Not Appl	licable	
Zip ———-	Country	Zip	Cour	ntry		. Certificate of Status Desired \$8.75 Additional Fee Required	<u> </u>	
	6. Name and Address of Currer	t Registered Agent		Name	7.	Name and Address of New Registered Agent		
UNEHAN, JESSICA 7664 NW 70TH WAY				Street Address (P.O. Box Number is Not Acceptable)				
PARKLAN	D FL 33067							
8 The above	a named entity submits this statement	for the auroose of ch	anning its register	City	rietered a	FL Zip Code	ccent	
SIGNATURE	Signature, typed or printed name of registered age **ILE_NOW!!! FEE IS \$150.00 **May 1, 2003 Fee will be \$550.00		(NOTE: Registere	ed Agent signature re	quired when	9. Election Campaign Financing \$5.00 May		
	k Payable to Florida Department OFFICERS AN	of State	1 11.			Trust Fund Contribution. Added to Fe		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LINEHAN, JESSICA 7705 STANWAY PLACE EAST BOCA RATON FL 33434		Delete TITLI NAM STRE	E X HE L EET ADDRESS	D inch 705		moitippy (10/02)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST LINEHAN, JESSICA 7664 NW 70 WAY PARKLAND FL 33067			E			Addition 25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STAHNKE, DONALD 5086 PALM WAY LAKE WORTH FL 33463		B i			Change A	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAM STRE			☐ Change ☐ A	ddition -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAM STRE	ľ		☐ Change ☐ A	ddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		0	NAM! STRE		*	☐ Change ☐ A	ddition	
12. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental tepper poration or the receiver or trustae and or on an attachment with an address	th this filing does not is true and accurate powered to execute to with all other like em	qualify for the exer and that my signat his report as require apowered.	mption stated i ture shall have red by Chapter	n Section the same 607, Flor	n 119.07(3)(i), Florida Statutes. I further certify that the informa e legal effect as if made under oath; that I am an officer or dire rida Statutes; and that my name appears in Block 10 or Block	tion ctar 11 if	

SIGNATURE: