FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90156 016 ***150.00

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

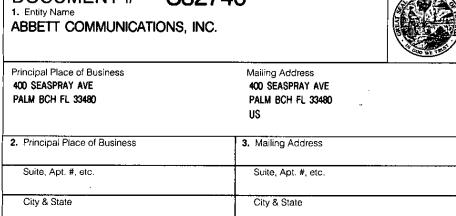
S82740 DOCUMENT #

Zip

MEARS, STEVEN

GREENACRES FL 33463

3828 JOG RD.



	•	₹		
	(214 # 11#11	100t1 0f010		(4191) (48

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For 59-3088141 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

DATE

Fee Required

7. Name and Address of New Registered Agent

Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code

8.	The above named entity submits this statement for the purpose of changing its registered	ed office or registered agent, o	or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.	•		·

(NOTE: Registered Agent signature required when reinstating)

-Country

	FILE NOW!!! F	EE IS \$150.00
	After May 1, 2003 F	ee will be \$550.00
Make	Check Payable to Flo	rida Department of State

Country.

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

9.. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPV ☐ Addition TITLE ☐ Delete TITLE Change MEARS, STEVEN NAME NAME STREET ADDRESS 3828 JOG RD. STREET ADDRESS **GREENACRES FL** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MEARS, STEVEN NAME STREET ADDRESS 3828 JOG RD STREET ADDRESS GREENACRES FL-CITY-ST-ZIP CITY-ST-ZIP. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change [Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 with an address, with all other like empowered changed, or on an attachmen

SIGNATURE: