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

## S93207 **DOCUMENT#**

1. Entity Name

THE STATUE PLACE, INC.

|  |   |  |  |                               | WE .  |  |   |  |   |   |
|--|---|--|--|-------------------------------|---|--|---|--|---|---|
| Principal Place of Business<br>4429 S TAMIAMI TRAIL .<br>SARASOTA FL 34231   |   |  | Mailing Address<br>4429 S TAMIAMI TRAIL<br>SARASOTA FL 34231   |                               |   |  |   |  |   |   |
| 2. Principal Place of Business   |   |  | 3. Mailing Address   |                               |   |  | 7   | <b>01 01011 0101</b>   | i Bibli Hibil Bib   |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |                               |   |  | CHECK HERE IF MAKING CHANGES  |  |   |   |
| City & State   |   |  | City & State   |                               |   |  | 65-0909757  |  |   | olied For<br>Applicable   |
| Zip Country  |   |  |  | try                           | 5. Certificate of Status Desired   \$8.75 Additional Fee Required |  |   |  |   |   |
| 6. Name  | and Address of Current  | Registere  | d Agent  |                               |   | 7. N   | lame and Address of New Reg   | istered A  | gent  |   |
|  |   |  |  |                               | Name  |  |   |  |   |   |
| MARTIN   | 11  |  | Street Addre   |                               |   | s (P.O. Box Number is Not Acceptable)  |   |  |   |   |
|  | IL.   |  |  |                               |   |  |   |  |   |   |
| <u>, '</u>   |   |  |  | City                          |   |  | FL  | Zip Code   | )   |   |
| ions of regist   | ered agent.   |  |  |                               |   |  |   | a. I am ta   | miliar with, a  | ind accept  |
| FILE 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.  |  | Added   | <b>0</b> May Be to Fees   |
|  | OFFICERS AND  | DIRECTO  | PRS  | 11.                           |   | AD   | DITIONS/CHANGES TO OFFICE   | ERS AND  |   |   |
| 1055 GUL   | F OF MEXICO DR  |  | ☐ Delete   | NAM<br>STR                    | IE<br>EET ADDRESS   |  |   |  | ☐ Change  | ☐ Addition  |
| S<br>ISAACS, /<br>1055 GUL   | NN<br>F OF MEXICO DR  |  | ☐ Delete   | NAA<br>STR                    | ME<br>EET ADDRESS   | ·  |   |  | ☐ Change  | Addition  |
| LONGEO   | 11 (36.7 ) 6  |  | Delete   | . NAM<br>Str                  | AE<br>EET ADDRESS   |  |   |  | ☐ Change  | ☐ Addition  |
| ,  |   |  | ☐ Delete   | NAM<br>STR                    | ME<br>EET ADDRESS   |  |   |  | Change  | ☐ Addition  |
| -  |   |  | ☐ Delete   | NA                            |   |  |   |  | Change  | Addition  |
|  |   |  |  |                               | EET ADDRESS<br>Y-ST-ZIP   |  |   |  |   |   |
|  | #, etc.  6. Name  6. | ARTIN MIAMI TRAIL A FL 34231  A FL 34231  The statement of the statement o | ARTIN AMIAMI TRAIL A FL 34231  Country Country Tip  6. Name and Address of Current Registere  MARTIN AMIAMI TRAIL A FL 34231  The properties of registered agent and tille if applications of registered agent.  Signature, typed or printed name of registered agent and tille if applications of the properties of the prope | ## etc.   Suite, Apt. #, etc. | # etc.   Suite, Apt. #, etc.      Country   Zip   Country         | Mailing Address ## TRAIL ## 1429 \$ TAMIAMI TRAIL ## 1420 \$ TAMIAMI TRAIL ## 14 | Mailing Address Mailing Address Mailing Address May 1 SARASOTA FL 34231  ace of Business  3. Mailing Address  #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Sireet Address of Current Registered Agent  Name  Street Address (P.O. B.  MAMI TRAIL  A FL 34231  City  named entity submits this statement for the purpose of changing its registered office or registered agent  ILE NOW!!! FEE IS \$150.00  r May 1, 2003 Fee will be \$550.00  R Payable to Florida Department of State  OFFICERS AND DIRECTORS  P Delete  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  T | Malling Address MI TRAIL 423 S TAM/AMI TRAIL 34231  ARASOTA FL 34231  ARE C.  Surie, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Sip  Country  Sip  Country  Size Address of Current Registered Agent  ARTIN MIAMI TRAIL A FL 34231  AFL 34231  City  City  Inamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florid close of registered agent.  MYOTE Registered Agent agent when remediating)  In Registered agent, or both, in the State of Florid close of registered agent, or both, in the State of Florid close of registered agent, or both, in the State of Florid and the remediating)  In Registered agent, or both, in the State of Florid close of registered agent, or both, in the State of Florid and the remediating)  In Registered agent, or both, in the State of Florid agent act after a gent agent ag | Mailing Address MI TRAIL MA29 \$ TAMIANI TRAIL MA291  ACRES OF Business MI RAIL MA291  ACRES OF Business MI RAIL MA292 \$ TAMIANI TRAIL MA292 \$ TAMIANI TRAIL MACRO OF Business MI RAIL MACRO OF Business MACRO OF Business MI RAIL MACRO OF Business MACRO OF B | TARTIN MANI TRAIL AGRIC Suite Api. #, etc.    City & State   4. FEI Number   65-0292757   Apr   Recurrence   Required |

**FILED** Jan 06, 2003 8:00 am Secretary of State 01-06-2003 90054 021 \*\*\*150.00

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 embowered 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 approximation of the receiver of the corporation of th

SIGNATURE: