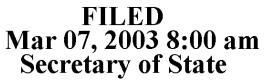
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # V06842



1. Entity Na			03-07-2003 90083 044 ***150.00					
Principal Pla 205 VIA TOI PALM BEAC US		Mailing Address 205 VIA TORTUGA PALM BEACH FL 33480 US	205 VIA TORTUGA PALM BEACH FL 33480		- 			
2. Principal Place of Business 215 FIFTH ST. 3. Mailing Address 215 FIFTH			7H ST.		☐ CHECK HERE IF MAKING CHANGES			
Suite, Ap								
N.	PACE BEACH, FL	City & State W. PALM	BEACH, 1	FL	4. FEI Number 65-0305839		Applied For Not Applicable	
Zip 3	401 Country 454	Zip 53401	Country USA		5. Certificate of Status Desired	□ \$8.75 A Fee Requi	dditional	
	6. Name and Address of Current	Registered Agent	Name		7. Name and Address of New Reg	istered Agent		
KIRSCHNER, MITCHELL B 1801 N. MILITARY TRAIL SUITE 200 BOCA RATON FL 33431				Street Address (P.O. Box Number is Not Acceptable)				
		the purpose of changing its	City			FL Zip Co		
·:	enamed entity submits this statement for tions of registered agent.	the purpose of changing its	s registered office o	r registered	agent, or both, in the State of Florid	la. I am familiar with	ı, and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signa	ture required wh	en reinstating)	DATE		
Afte	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of				Election Campaign Finant Trust Fund Contribution.	☐ Adde	00 May Be ed to Fees	
TITLE	OFFICERS AND D	DIRECTORS Delete	11.		ADDITIONS/CHANGES TO OFFICE	·	RS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	SWANSON, DAN E 205 VIA TORTUGA PALM BEACH FL 33480	Delete	NAME STREET ADDRESS CITY-ST-ZIP	DAN 215	E. SALANSON FIFTH ST, SUITE PALM BEACH, F	Club	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Will w, F	□ 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		☐ Delete	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		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14		☐ Change	☐ Addition	
12. I hereby co	ertify that the information supplied with the or this report or supplemental report is trooration or the receiver or trustee ampower.	is filing does not qualify for ue and accurate and that me ered to execute this report a	CITY-ST-ZIP the exemption state y signature shall ha	ed in Section	n 119.07(3)(i), Florida Statutes. I furt e legal effect as if made under oath;	her certify that the in	nformation or director	

SIGNATURE:

3/3/03 (561)802~4.401

Date Dayline Phone #