2003 FOR PROFIT CORPORATION

	HITOKM BUSIN		REPOR	RT (U	JBR)	7	Socrator			
1. Entity Na	JMENT # V0908 ERPRISE LTD. INC.	39					Secretar 02-28-2003 90	_		
Principal Place of Business 1718 MAIN ST SUITE 300 SARASOTA FL 34236 US 2. Principal Place of Business			Mailing Address 1719 MAIN ST SUITE 300 SARASOTA FL 34236 US 3. Mailing Address		VII	- -				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Sta	te	Cit	ty & State			4. FEI N			F	Applied For
Zip	Country	Zip)	Country	/	5. Certifi	cate of Status Desired		\$8.75 A	
	6. Name and Address of Current	Register	red Agent	1 T	····	7. Name	and Address of New Regi		Fee Requir	ed
GAMMARO, JOHN J 16275 S LAKESHORE DRIVE SARASOTA FL 34231					Street Address (P.O. Box Nu	umber is Not Acceptable)	FL	Zíp Coo	714
8. The above the obligation	e named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent				office or registere			i. ∤am fa	amiliar with	, and accept
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 Payable to Florida Department o	f State				9.	Election Campaign Finance Trust Fund Contribution.	ing		00 May Be d to Fees
10.	· · · · · · · · · · · · · · · · · · ·	DIRECTO	DRS	11.		ADDITIO	NS/CHANGES TO OFFICER	RS AND	DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GAMMARO, JOHN J 1627 S LAKESHORE SARASOTA FL 34231		Delete .	TITLE NAME STREET A CITY-ST		•		*	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	gan e densi dipana ya lo		☐ Delete	TITLE NAME STREET A	DDRESS		- 1		☐ Change	Addition
TITLE NAME STREET ADDRESS CHTY-ST-ZIP			☐ Delete	TITLE NAME STREET A CITY-ST-			- W		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Delete	TITLE NAME STREET AI CITY-ST-	DORESS				☐ Change	Addition
TITLE		-	☐ Delete	TITLE			·		Change	☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _V

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Daytime Phone #

☐ Addition