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

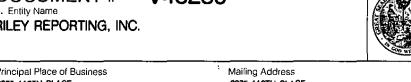
Jan 23, 2003 8:00 am **Secretary of State** 

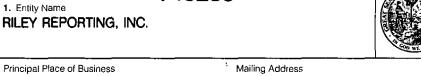
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V45280 DOCUMENT #





3375 110TH PLACE VERA BEACH FL 32963  2. Principal Place of Business		3375 110TH PLACE VERA BEACH FL 32963  3. Mailing Address		
City & State		*City & State		
Zip	Country	Zip	Country	<del></del>
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Cu	rrent Registered Agent		
RILEY, CYNTI		A Property Control of the Control of	Name	ىدا ئىت. 
furri, Olivii	FILET, OTHER			

☐ CHECK HERE IF MAKING CHANGES

Applied For 4. FEI Number 65-0345220 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

DATE

Fee Required 7. Name and Address of New Registered Agent

1020 N.W. 6TH STREET **BOCA RATON FL 33486** 

SIGNATURE

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

Trust Fund Contribution.

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, 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)

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00

Make Check Payable to Florida Department of State

After May 1, 2003 Fee will be \$550.00

9. Election Campaign Financing

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Addition TITLE ☐ Delete ☐ Change NAME RILEY, CYNTHIA NAME STREET ADDRESS 1020 N.W. 6TH STREET STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Delete. TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 NAME STREET ADDRESS STREET ADDRESS 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 eath; 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

SIGNATURE:

