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

## V58318 **DOCUMENT #**

1. Entity Name



## **FILED** Feb 25, 2003 8:00 am Secretary of State 02-25-2003 90120 030 \*\*\*150.00

J.H. 00	oten, INO.				
Principal Place of Business 961 SOUTH FEDERAL HWY STUART FL 34994 US		Mailing Address 1800 NW BRIGHT RIVER PT STUART FL 34994 US			
		00			
2. Principal Place of Business		3. Mailing Address		- i seori gitopy brigh tareg likely steel lekt bild	I DIGIN DIGIN DIBIN GNAN GNAN LIBIN
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0351533 Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired	Not Applicable \$8.75 Additional
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered	Fee Required
			Name	7. Name and Address of New negistered	1 Agent
Thurlow, III, Thomas H 17 Martin L. King, Jr. Blyd			Street Address	s (P.O. Box Number is Not Acceptable)	
	FL 34994				
			City	<b>F</b>	Zip Code
8. The abov	e named entity submits this statement for	the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I an	L I '
the obliga	ations of registered agent.	, ,	regional amod or region	ored agent, or bottl, in the state of Florida. Tan	riamiliar with, and accept
SIGNATURE			·		
<u></u>	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registered Agent signature require	ed when reinstating) DATE	·
Afte	FILE NOW!!! FEE IS \$150.00 er May 1, 2003; Fee will be \$550.00 k Payable to Florida Department of	State		Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	'If OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11
TITLE NAME	PD CUSTER, J.R.	☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS	1800 NW BRIGHT RIVER PT		NAME STREET ADDRESS		
CITY-ST-ZIP	STUART FL		CITY-ST-ZIP		
TITLE NAME	SD W. JOAN RODRIGUEZ	☐ Delete	TITLE		Change Addition
STREET ADDRESS	1125 SASCO HILL ROAD		NAME STREET ADDRESS	• •	
CITY-ST-ZIP	FAIRFIELD CT		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	H. J. RODRIGUEZ, JR. 896 BURR ST.		NAME STREET ADDRESS		
CITY-ST-ZIP	FAIRFIELD CT		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE		☐ Change ☐ Addition
name Street address	WILLICH, MANFRED 1800 NW BRIGHT RIVER PT		NAME		
CITY-ST-ZIP	STUART FL		STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME	•	change radiaon
CITY-ST-ZIP			STREET ADDRESS		
TITLE		☐ Nelete	CITY-ST-ZIP		Change
TITLE NAME		☐ Delete			☐ Change ☐ Addition
TITLE		☐ Delete	CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: COMPLETE EQUIRED

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-03 \$772-283-7211