2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

1. Entity Name ROSS TEIGEN, LUTHER, INC. Principal Place of Business Molling Address	2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)						FILED Sep 05, 2003 8:00 am Secretary of State			
Principal Place of Business Mailing Address P.O. BOX 95021 NAPLES PL 33999 2. Principal Place of Susiness Suite, Act. 8, etc.	DOCUMENT # V59058 1. Entity Name									
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Suffer, Apt. 4, etc. City & State City & State Country Zip Country Zip Country Zip Country Zip Country S. Certificate of Status Deared S. R. 75 Additional Fee Registered Fee Registered See The Address of Nume and Address of Current Registered Agent Name Name Street Address (PO. Bix Number is Not Acceptable) Street Address (PO. Bix Number is Not Acceptable) Street Address (PO. Bix Number is Not Acceptable) Signal TIPE THE THE THE THE THE THE THE THE THE TH	4744 GOLDEN GATE PARKWAY P.O. BOX 990421									
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September Sept	Suite, Apt. #, etc. Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)	City & Stat	е		City & State	City & State)03	—	
Street Address (P.O. Box Number is Not Acceptable)	Zip	. Country Zip Con			Count	гу				
830 11TH STREET, NW NAPLES RI. 33984 City FL Zip Code City FL Zi	6. Name and Address of Current Registered Agent					 				
APLES FL 33984 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$55.0.00	TEIGEN, ROSS					Street Address (P.O. Box Number is Not Acceptable)				
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, speed or printed name of implement agent and the fragilization of the florids name of implement agent and the fragilization of the florids name of implement agent and the fragilization of the florids name of implement agent and the fragilization of the florid name of implement agent and the fragilization of the florid name of implement agent and the fragilization of the florid name of implement agent and the fragilization of the florid name of implement agent and the florid name of implement agent age						Gired Address (F.C. dox Namber is Not Acceptable)				
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After September 10, 2003 Fee will be \$750.00 Make Check Payable to Riorida Department of State 10.				title if applicable. (NO	TE: Registered	Agent signature required	when reinstating)	DATE		
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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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee empewered 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.	indicated of the cor	on this report or si	upplemental report is trueiver or trustee empew	ue and accurate and that	my signatu t as regulire	<u>ire</u> shall have the s	same legal effect as if made und	ler oath; that I a	m an officer o	or director