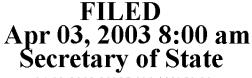
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR V61253 **DOCUMENT #** W. H. HARMS AND ASSOCIATES, INC.



| R) | Apr 03, 2003 8:00 ar |
|----|--------------------------------|
| | Secretary of State |
| | 04-03-2003 90137 010 ***150.00 |

| Principal Place of Business 401 E OSCEOLA ST | | Mailing Address 401 E OSCEOLA ST | | | | | | |
|--|--|-------------------------------------|---------------------------------|--|--|-----------------------------|-------------------------------|--|
| SUITE 102 STUART FL 34995 | | SUITE 102 STUART FL 34995 | | | | | | |
| | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | DIC B180) 61031 91800 81800 | 41911 41911 19 2 1 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | |
| City & State | | City & State | | • | 4. FEI Number 65-0351880 | | Applied For Not Applicable | |
| Zip | Country | Country Zip Cour | | , | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | |
| <u>-</u> | 6. Name and Address of Current | Registered Agent | | 7 | 7.: Name and Address of New Reg | | | |
| | | | | Name | | | | |
| CORNETT, JANE L. 401 E OSCEOLA ST | | | Street Ad | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| SUITE 102 | 2 | | | | | | | |
| STUART FL 34995 | | | City | City Zip Code | | | | |
| | named entity submits this statement folions of registered agent. | r the purpose of changing | its registered office or r | egistered | agent, or both, in the State of Florid | a. I am familiar with | , and accept | |
| SIGNATURE . | Signature, typed or printed name of registered agent | and title if applicable (N | IOTE: Registered Agent signatur | a required who | en (einstating) | DATE | } | |
| | ILE NOW!!! FEE IS \$150.00 | | | | | | | |
| After | May 1, 2003 Fee will be \$550.00 Payable to Florida Department o | f State | | | 9. Election Campaign Finan Trust Fund Contribution. | | 00 May Be ed to Fees | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTOR | RS IN 11 | |
| TITLE | D Harms, William H. | ☐ Delete | TITLE | | • | ☐ Change | Addition | |
| NAME STREET ADDRESS | 1600 NE DIXIE HWY #6-206 | | NAME STREET ADDRESS | | | | 1 | |
| CITY-ST-ZIP | JENSEN BEACH FL | | CITY-ST-ZIP | | | | } | |
| TITLE NAME | D QUINLAN, JAMES L. | ☐ Delete | TITLE | | | 🔀 Change | Addition | |
| STREET ADDRESS | 22247 LONG BLVD | | NAME STREET ADDRESS | 301 | 166 Village Run i | 5× | 1 | |
| CITY-ST-ZIP | DEARBORN MI | | CITY-ST-ZIP | | thyillo MT 481 | 67 — | | |
| TITLE- | QUINLAN, KATHERINE A. | Delete | | . : | thville MI 481 | Change | - Addition | |
| NAME STREET ADDRESS | 22247 LONG BLVD | | NAME STREET ADDRESS | | | | | |
| CITY-ST-ZIP | DEARBORN MI | _ | CITY-ST-ZIP | 394 No. | 66 Village Run thville, MI 481 | or. | | |
| TITLE | | ☐ Delete | TITLE | 1401 | chville, Mi 401 | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | (| |
| TITLE | | ☐ Delete | TITLE | | | ☐ Change | Addition | |
| NAME STREET ADDRESS | | • | NAME | | | | | |
| CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | | | - Change | Addition. | |
| NAME | | | NAME | | • | | - | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | | } | |
| 011 1 - 01 - LIF | <u> </u> | | 0111-01-71L | | | | | |

12. I hereby certify that the information supplied with this filling 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:

Daytime Phone #