FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90369 019 ***150.00

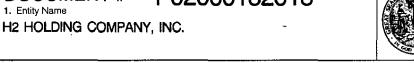
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

Principal Place of Business

P02000132618

Mailing Address





140 ROYAL PALM WAY. #202 140 ROYAL PALM WAY, #202 PALM BCH FL 33480 PALM BCH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Zip Country Country 6. Name and Address of Current Registered Agent

4

☐ CHECK HERE IF MAKING CHANGES

02-0665036 5. Certificate of Status Desired

4. FEI Number

\$8.75 Additional Fee Required

Applied For

Not Applicable

METTLER, PETER W ESQ. 140 ROYAL PALM WAY, #202 RALM BCH FL 33480

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

Trust Fund Contribution.

7. Name and Address of New Registered Agent

\$. 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.

SIGNATURE

10.

ST Cl 717

TITLE

NAME

TITLE

NAME

CiTY-ST-7IP

STREET ADDRESS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

9. Election Campaign Financing \$5.00 May Be

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

TITLE	PSD	☐ Delete	TITLE	 ☐ Change	☐ Addition
NAME	SHANNON, EARL T		NAME		
			STREET ADDRESS		
	PALM BCH FL 33480		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition

11.

CITY-ST-ZIP	PALM BCH FL 33480	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		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition
NAME		NAME		Į
STREET ADDRESS		STREET ADDRESS		ŀ

CITY-ST-ZIP CITY-ST-ZIP

OFFICERS AND DIRECTORS

☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP ☐ Delete TITLE STREET ADDRESS

NAME

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 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

SIGNATURE:

changed, or on an attachment with an address

with all other like empowered

☐ Change

☐ Addition

☐ Addition

CR2E034 (10/02)