2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

After September 10, 2003 Fee will be \$750.00 May be Make Check Payable to Florida Department of State 10.	2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)						FILED Jul 23, 2003 8:00 am			
208 N. 22PH COURT PORT LAUDERDALE R. 3308 Suffa, Apr. #, etc. City & State Country Zip	DOCUMENT # P96000036299									
Suita. Apt. #. etc. Suita. Apt. #. etc. Suita. Apt. #. etc. City & State City & State Code City & Sta	2508 NE 29TH COURT			2508 NE 29TH COURT	33306			HI 1811 1111 1111 1111 1111 1111		
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Zip Country Zip Country 5. Certificate of Status Desired	· · · · · · · · · · · · · · · · · · ·						A SELNimbor			
Scheme and Address of New Registered Agent Name	Zip	Zip Country		دني ليرسين لا الا الال هوليدا.	Country	Country			88.75 Add	nt Applicable
WEBB, JOHN 2508 NE 29TH COURT FORT LAUDERDALE FL 33306 Chy Chy FL Zio Code Chy Chy Chy FL Zio Code Chy Chy Chy Chy Chy Chy Chy Ch		6 Name and Ad	dress of Current Re	edistered Agent		· · · · · · · · · · · · · · · · · · ·				
STREET ADDRESS CITY-ST-2P TILE MAKE STREET ADDRESS CITY-ST-2P TILE	WERE IN		areas or carrent,	Alletered Wiles			f. Name and r.	uuless Çi iten ilegis.	Brea Agen.	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. ### Signature Property Pr	2508 NE	29TH COURT		Street	Street Address (P.O. Box Number is Not Acceptable)					
the obligations of registered agent. Signature Signature Signature Trice September 10, 2003 Fee will be \$750,00 After Se				City						
Synchron, typed or printed rutemor of registered appert and tree if application (NOTE: Registered Appert signature reporting when invented tree) DATE FILE NOW!!! FEE IS \$550.00 Marker Spettment 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	the obligat	tions of registered age	ent.		s registered office o	or registere	ed agent, or both,	in the State of Florida.	I am familiar with,	and accept
After September 10, 2003 Fee will be \$750.00 May be Make Check Payable to Florida Department of State 10.	0,0,1,	Signature, typed or printed n	arne of registered agent and	title if applicable. (NOT	TE: Registered Agent signa	ature required	when reinstating)		DATE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	After Se	ptember 10, 2003 F	Fee will be \$750.00						·	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME Street address	WEBB, JOHN 2508 NE 29TH C	OURT LE FL 33306	Delete .	NAME STREET ADDRESS				☐ Change	☐ Addition
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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 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 all other like empowered.

SIGNATURE: