

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90343 008 ***150.00

DOCUMENT # 513089



1. Entity Name
1ST STREET AGENCY, INC.

Principal Place of Business
**1300 SAWGRASS CORPORATE PARKWAY
STE 300
SUNRISE FL 33323-2804**

Mailing Address
**1300 SAWGRASS CORPORATE PARKWAY
STE 300
SUNRISE FL 33323-2804**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1689622**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BULLINGTON, DOUGLAS W
1ST STREET AGENCY INC.
1300 SAWGRASS CORPORATE PARKWAY, STE. 300
SUNRISE FL 33323**

Name
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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	BULLINGTON, DOUGLAS W	
STREET ADDRESS	1300 SAWGRASS CORPORATE PARKWAY, STE. 300	
CITY-ST-ZIP	SUNRISE FL 33323-2804	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKS, M M II	
STREET ADDRESS	1300 SAWGRASS CORPORATE PARKWAY, STE. 300	
CITY-ST-ZIP	SUNRISE FL 33323-2804	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GARCELL, CARIDAD	
STREET ADDRESS	1300 SAWGRASS CORPORATE PARKWAY, STE. 300	
CITY-ST-ZIP	SUNRISE FL 33323-2804	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-25-03** Daytime Phone #: **954-331-4812**

CR2E034 (10/02)