

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 04, 2003 8:00 am  
Secretary of State

02-04-2003 90097 031 \*\*\*150.00

DOCUMENT # **596193**

1. Entity Name  
**LINDSLEY & PEREIRA, P.A., CERTIFIED PUBLIC ACCOUNTANTS**



Principal Place of Business  
**1650 S DIXIE HIGHWAY, SUITE 203  
BOCA RATON FL 33432**

Mailing Address  
**1650 S DIXIE HIGHWAY, SUITE 203  
BOCA RATON FL 33432**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**5707 VIA DE LA PLATA CIRCLE**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State  
**DELRAY BEACH, FL**

4. FEI Number **59-1865638**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**33484**

**U.S.A.**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEREIRA, FRED**  
**1650 S DIXIE HIGHWAY, SUITE 203**  
**BOCA RATON FL 33432**

Name  
**PEREIRA, JAY**  
Street Address (P.O. Box Number is Not Acceptable)  
**1650 S DIXIE HIGHWAY, SUITE 203**  
City  
**BOCA RATON** FL Zip Code  
**33432**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **P**  Delete  
NAME **LINDSLEY, FRED O.**  
STREET ADDRESS **7131 TURTLEWALK**  
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T**  Delete  
NAME **PEREIRA, JAY J**  
STREET ADDRESS **5707 VIA DE LA PLATA CR**  
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **P, T**  Change  Addition  
NAME **PEREIRA, JAY J**  
STREET ADDRESS **5707 VIA DE LA PLATA CIRCLE**  
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03

Date

(561) 347-1844 x 203

Daytime Phone #

CR2E034 (10/02)