2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 693368

1. Entity Name

ROBERT A. GREEN, PH.D., & ASSOCIATES, INC.



FILED Mar 19, 2003 8:00 am 8 Secretary of State

03-19-2003 90155 030 ***150.00

		OCIATES, IINC.		7	
ROBERT A (3363 SHERIO HOLLYWOOD US	ace of Business GREEN, PHD & ASSOC DAN ST SUITE 209 D FL 33021 Place of Business	Mailing Address ROBERT A GREEN, PHD 3363 SHERIDAN ST SUI HOLLYWOOD FL 33021 US			
z. runcipai	riace of business	3. Mailing Address		C SECTION WINTER COURSE VIEW COURSE THE STREET DESIGNATION OF BEING STREET OF SELECTION OF SE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & Sta	ate	City & State	الواد والمستخصص المراجعون	4. FEI Number 59-2106408 Applied Fo	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	able
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent	
GREEN	RORERT A PHD		Name		
Green, Robert A. Phd. 3363 Sheridan St., Ste. 209			Street Address	s (P.O. Box Number is Not Acceptable)	
	OOD FL 33021				
•	•		City	□ Zip Code	
8 The above	e named entity submits this statement f	ior the purpose of changing it.	'	EL Zip Code tered agent, or both, in the State of Florida. I am familiar with, and accident	
the obliga	ations of registered agent.	or the purpose of changing is	s registered office or regist	lered agent, or both, in the State of Florida. I am familiar with, and acci	ept
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	TE: Registered Agent signature requir	red when reinstating) DATE	
F	FILE NOW!!! FEE IS \$150.00				
					- 1
Afte	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	of State		9. Election Campaign Financing \$5.00 May E Trust Fund Contribution.	
Afte Make Chec	k Payable to Florida Department o	of State DIRECTORS	11.		
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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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-03

-196/4CP

Daytime Phone

9227