

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90187 028 \*\*\*150.00

**DOCUMENT # F98000002106**

1. Entity Name  
**J. ALDEN ASSOCIATES, INC.**



Principal Place of Business  
**8751 WEST BROWARD BLVD., SUITE 204  
PLANTATION FL 33324**

Mailing Address  
**8751 WEST BROWARD BLVD., SUITE 204  
PLANTATION FL 33324**



2. Principal Place of Business  
Suite, Apt. #, etc. **SUITE 301**

3. Mailing Address  
Suite, Apt. #, etc. **SUITE 301**

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **23-2825319** Applied For  
Not Applicable

Zip Country Zip Country

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

**FISCH, STEVEN P**  
**8751 WEST BROWARD BLVD., SUITE 204 SUITE 301**  
**PLANTATION FL 33324**

Name  
Street Address (P.O. Box Number is Not Acceptable) **SUITE 301**  
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 *Steven Fisch* **STEVEN FISCH** 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ENGELBACH, PETER A</b> <input type="checkbox"/> Delete <b>261 OLD YORK ROAD, SUITE 404 JENKINTOWN PA 19046</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SUITE 837</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BLENDER, CAROL</b> <input type="checkbox"/> Delete <b>261 OLD YORK ROAD, SUITE 404 JENKINTOWN PA 19046</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SUITE 837</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTD FISCH, STEVEN P</b> <input type="checkbox"/> Delete <b>8751 W. BROWARD BLVD. SUITE 204 PLANTATION FL 33324</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SUITE 301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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 life empowered.

SIGNATURE: *Steven Fisch* **REQUIRED** 3/20/03 954 472 0095  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)