

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90066 001 \*\*\*600.00

**DOCUMENT # G86661**

1. Entity Name  
**AFFILIATED BUSINESS SOLUTIONS, INC.**

Principal Place of Business  
**100 N.W. 12 AVENUE  
 DEERFIELD BEACH FL 33442**

Mailing Address  
**111 NW 12TH AVE  
 DEERFIELD BEACH FL 33442  
 US**

**62020**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address  
*111 NW 12th Avenue*

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
*Legal Dept. JMFOFD18*

City & State

City & State  
*Deerfield Beach, FL*

4. FEI Number **59-2886988**

Applied For  
 Not Applicable

Zip

Country

Zip *33442* Country *USA*

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

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WHELAN, JOHN J.</b> <b>100 NW 12TH AVE</b> <b>DEERFIELD BEACH FL 33442</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>See complete list of officers and directors attached hereto.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THOMAS, GARY L</b> <b>100 NW 12TH AVE</b> <b>DEERFIELD BEACH FL 33442</b> <input checked="" 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	<b>T</b> <b>ALLEN, A TUCKER</b> <b>100 NW 12TH AVENUE</b> <b>DEERFIELD BEACH FL</b> <input checked="" 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	<b>AS</b> <b>SNEAD, CAREN J</b> <b>100 N.W. 12TH AVE.</b> <b>DEERFIELD BEACH FL 33442</b> <input checked="" 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	<b>PD</b> <b>BROWN, COLIN W</b> <b>100 NW 12TH AVE.</b> <b>DEERFIELD BCH FL 33442</b> <input checked="" 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	<b>D</b> <b>FOSTER, JAMES R</b> <b>100 NW 12TH AVENUE</b> <b>DEERFIELD BEACH FL 33442</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John J. Whelan* **JOHN J. WHELAN** **SECRETARY** *02/06/01* *954-420-4617*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Doc # G866661

62020

**AFFILIATED BUSINESS SOLUTIONS, INC.  
OFFICERS AND DIRECTORS**

**Federal ID #: 59-2886988**

<b>Directors</b>	<b>Address</b>
Colin W. Brown	100 NW 12 Avenue Deerfield Beach, FL 33442
Gary L. Thomas	100 NW 12 Avenue Deerfield Beach, FL 33442
James R. Foster	100 NW 12 Avenue Deerfield Beach, FL 33442

<b>Officers</b>	<b>Title</b>	<b>Address</b>
Colin W. Brown	President	100 NW 12 Avenue Deerfield Beach, FL 33442
Patrick C. Ossenbeck	Vice President, Treasurer	100 NW 12 Avenue Deerfield Beach, FL 33442
John J. Whelan	Secretary	100 NW 12 Avenue Deerfield Beach, FL 33442
Arthur J. Mirandi, Jr.	Assistant Treasurer	100 NW 12 Avenue Deerfield Beach, FL 33442
Caren J. Snead	Assistant Secretary	100 NW 12 Avenue Deerfield Beach, FL 33442
Susan Jane Chester	Assistant Secretary	100 NW 12 Avenue Deerfield Beach, FL 33442