

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90053 034 \*\*\*150.00

**DOCUMENT # H95720**  
**1. Entity Name**  
**JOSEPH S. DOBOS, INC.**

<b>Principal Place of Business</b> 2720 E OAKLAND PARK BLVD #109 FT LAUDERDALE FL 33306 US	<b>Mailing Address</b> 2720 E OAKLAND PARK BLVD #109 FT LAUDERDALE FL 33076 US
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<b>2. Principal Place of Business</b> Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
<b>City &amp; State</b>	<b>City &amp; State</b>
<b>Zip</b> <b>Country</b>	<b>Zip</b> <b>Country</b>



DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> <b>59-2684105</b>	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**MENDIGUREN & ASSOC**  
**6301 NW 5TH WAY**  
**SUITE 3600**  
**FT LAUDERDALE FL 33309**

**7. Name and Address of New Registered Agent**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**5300 NW 33 Ave #220**  
**City** **Fort Laud.**      **FL**      **Zip Code** **33309**

**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** *Joseph S. Dobos*      Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)      **DATE**

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> <b>(See criteria on back)</b>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME <b>PD</b> <b>DOBOS, JOSEPH S.</b> <b>STREET ADDRESS</b> <b>12530 WILES ROAD</b> <b>CITY-ST-ZIP</b> <b>CORAL SPRINGS FL</b>	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>2720 E. Oakland Park Blvd #109</b> <b>STREET ADDRESS</b> <b>Fort Laud, FL 33306</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> NAME  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** *Joseph S. Dobos*      **JOSEPH S. DOBOS**      **2-7-01**      **567-0339**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)