

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90116 039 \*\*\*150.00

**DOCUMENT # J52790**

1. Entity Name  
**FIVE-TWELVE CORPORATION**



Principal Place of Business  
**% FRANCIS A. GALBRAITH**  
**5260 COUNTERPLAY ROAD**  
**PALM BEACH GARDENS FL 33418-7810**

Mailing Address  
**% FRANCIS A. GALBRAITH**  
**5260 COUNTERPLAY ROAD**  
**PALM BEACH GARDENS FL 33418-7810**

2. Principal Place of Business  
**10357 Ironwood Road**

3. Mailing Address  
**PO Box 31962**

Suite, Apt. #, etc.  
**Palm Beach Gardens**

Suite, Apt. #, etc.  
**Palm Beach Gardens**

City & State  
**FL**

City & State  
**FL**

Zip  
**33410**

Country  
**Palm Beach**

Zip  
**33420**

Country  
**Palm Beach**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**65-0020475**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GALBRAITH, FRANCIS A**  
**5260 COUNTERPLAY RD.**  
**PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

Name  
**GALBRAITH, FRANCIS A**  
Street Address (P.O. Box Number is Not Acceptable)  
**10357 Ironwood Road**  
**Palm Beach Gardens** **33410**  
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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
**2-21-03**

**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  
**D**  
**GALBRAITH, FRANCIS A**  
**5260 COUNTERPLAY RD**  
**PALM BEACH GARDENS FL 33418** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P.S.T.D**  
**GALBRAITH, FRANCIS A**  
**10357 Ironwood Rd**  
**Palm Beach Gardens FL 33410** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**PRESSEL, RAYMOND A**  
**5260 COUNTERPLAY RD**  
**PALM BEACH GARDENS FL 33418** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP D**  
**Betty H. Galbraith**  
**10357 Ironwood Road**  
**Palm Beach Gardens, FL 33410** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ 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 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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **F.A. Galbraith** **2/21/03** **561 844-2744**  
Date Daytime Phone #

CR2E034 (10/02)