


04-28-2003 91513 025 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

4/2

55047417

**DOCUMENT # N02000007538**  
 1. Entity Name  
**WEALTH BUILDERS OF SARASOTA, INC.**

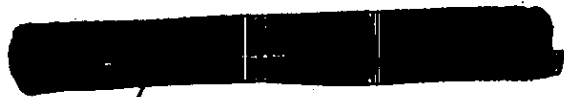


Principal Place of Business      Mailing Address  
 240 SOUTH PINEAPPLE AVENUE 10TH FLOOR      240 SOUTH PINEAPPLE AVENUE 10TH FLOOR  
 SARASOTA, FL 34236      SARASOTA, FL 34236

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**DOERR, KENNETH D**  
 240 SOUTH PINEAPPLE AVENUE 10TH FLOOR  
 SARASOTA, FL 34236

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's signature required when changing)      DATE \_\_\_\_\_

**FILE NOW FEES \$31.25**      9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees      Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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)(f), 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 617, 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: Jeff Hertzberg      Jeff Hertzberg      4/16/03      941-726-4162  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/02)