

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90182 041 ***150.00

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DOCUMENT # P00000045247

1. Entity Name
DAVID D. GLASS, P.A.



Principal Place of Business 2255 GLADES ROAD SUITE 234 W BOCA RATON FL 33431	Mailing Address 2255 GLADES ROAD SUITE 234 W BOCA RATON FL 33431
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2. Principal Place of Business 5499 north Federal Highway	3. Mailing Address 5499 north Federal Highway
Suite, Apt. #, etc. suite a	Suite, Apt. #, etc. suite a
City & State Boca Raton	City & State Boca Raton
Zip FL 33487	Country 33487

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS ENTERPRISES INC.
941 FOURTH STREET, #200
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

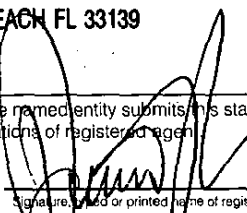
Name **David Glass**

Street Address (P.O. Box Number is Not Acceptable)
5499 north Federal Highway

suite a

City **Boca Raton** FL Zip Code **33487**

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  DATE **4/3/03**

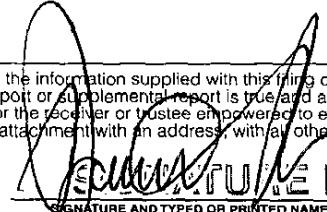
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 GLASS, DAVID D 21327 FALLS RIDGE WAY BOCA RATON FL 33428 <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
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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 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 REQUIRED** DATE **4/3/03**

Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (11/02)