

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90359 024 ***150.00

DOCUMENT # P010000 34926
1. Entity Name
West Broadway Professional Center

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business #103
128 West Broadway
Suite, Apt. #, etc.
Driedo Florida
City & State

3. Mailing Address
2200 Winter Springs Blvd
Suite, Apt. #, etc.
Driedo Florida
City & State

DO NOT WRITE IN THIS SPACE

Zip 32765 Country USA Zip 32765 Country USA

4. FEI Number
01-0622290 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Gary L. Glover
Street Address (P.O. Box Number is Not Acceptable)
10101 Blackberry Rd
City Mims FL Zip Code 32754

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

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

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$11.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President Gary L. Glover 10101 Blackberry Mims, Fl. 32754</u>
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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)(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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Gary L. Glover President Gary L. Glover 4/29/02 407-977-508