


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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91521 018 ***150.00

DOCUMENT # *P97000009949*

1. Entity Name
Florida Family Mediation, Inc.



DO NOT WRITE IN THIS SPACE

10090283

2. Principal Place of Business
100 E. Linton Blvd.
State Abb. #, city
146 A
City & State
Delray Beach, Fl

3. Mailing Address
same
State, Abb. #, city
same
City & State

4. Fed Number **65-0724237** Applied For Not Applicable

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

6. Zip **33483** Country **USA** City **Delray Beach** State **FL**

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7. Name and Address of Current Registered Agent

Name **James Mullin**

Street Address (P.O. Box Number is Not Acceptable)
2080 NW BOCA RATON BLVD.

City **Boca Raton** State **FL** Zip Code **33431**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

9. Signature, typed or printed name of registered agent and date of registration. (Typed, Signature) / (Typed, registered agent) (Typed, registered agent) (Typed, date)

10. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS

| | |
|-----------------|---|
| OFFICER NAME | President Sheila K. Weiss |
| OFFICER ADDRESS | 5121 Oak Hill Lane #425 Delray Beach, Fl 33484 |
| OFFICER NAME | Sec'y/Treas Sheila K. Weiss |
| OFFICER ADDRESS | as above |
| OFFICER NAME | |
| OFFICER ADDRESS | |
| OFFICER NAME | |
| OFFICER ADDRESS | |

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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(c), 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 on an attachment with an address, with all other like empowered.

Sheila K. Weiss **SHEILA K. WEISS 4-25-03** (561)852-1301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #