

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

05-28-2003 90117 041 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT# P98000073949

1. Entity
CHOICE ONE, INC.



Principal Place of
**10 FAIRWAY DR.
 STE 136
 DEERFIELD BCH FL 33441**

Mailing
**10 FAIRWAY DR.
 STE 136
 DEERFIELD BCH FL 33441**

2. Principal Place of Business
2634 NW 48th STREET

3. Mailing Address
2634 NW 48th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number
52-2117124

Applied For
 Not Applicable

Zip
33434

Country
USA

Zip
33434

Country
USA

5. Certificate of Status \$8.75 Additional Fee Required

6. Name and Address of Current Registered

7. Name and Address of New Registered

**SAAD, EDSON
 4792 SW 14 COURT
 DEERFIELD BEACH FL 33442**

Name
SAAD, EDSON
 Street Address (P O Box Number is Not Acceptable)
2634 NW 48th STREET

City
BOCA RATON **FL** Zip Code
33434

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restricting)

OATH

FILE NOW!!! FEE IS \$160.00
 After May 1, 2003 Fee will be \$550.00
 Make Check Payable to 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	DP SAAD, EDSON 2634 NW 48th STREET BOCA RATON, FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 qualified by chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

02/28/03

Date Daytime Phone #