

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90015 027 ***550.00

DOCUMENT # P98000087155

1. Entity Name
PORTSMOUTH BUSINESS CENTER, INC.

Principal Place of Business 853 SAXON BLVD., #29 STE 342 ORANGE CITY FL 32763	Mailing Address 853 SAXON BLVD., #29 STE 342 ORANGE CITY FL 32763
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3540690	Applied For
	Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RYAN, MICHAEL
215 NORTH EOLA DRIVE
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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.

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

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

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEAN, DAVID M	NAME	
STREET ADDRESS	7467 PARKS SPRING CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, THOMAS E	NAME	
STREET ADDRESS	611 CENTRAL ROAD	STREET ADDRESS	
CITY-ST-ZIP	REY BEACH NH 03871	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COAKLEY, RONALD C	NAME	
STREET ADDRESS	P.O. BOX 190	STREET ADDRESS	
CITY-ST-ZIP	GREENLAND NH 03871	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILBRICK, DONALD J	NAME	
STREET ADDRESS	110 CENTRAL ROAD	STREET ADDRESS	
CITY-ST-ZIP	RYE NH 03870	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE DAVID M. McLEAN, Pres. 7/12/00 407 668 3370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #