

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91120 044 ***150.00

DOCUMENT # P98000087155

1. Entity Name
PORTSMOUTH BUSINESS CENTER, INC.

Principal Place of Business Mailing Address
853 SAXON BLVD., #29 STE 342 853 SAXON BLVD #29 STE 342
ORANGE CITY, FL 32763 ORANGE CITY, FL 32763

2. Principal Place of Business 3. Mailing Address
852 SAXON BLVD. 852 SAXON BLVD.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#29 STE 342 #29 STE 342

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
ORANGE CITY, FLORIDA ORANGE CITY, FLORIDA 59-3540690 Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
32763 U.S.A. 32763 U.S.A.

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
MICHAEL RYAN Name
215 NORTH EOLA DRIVE Street Address (P.O. Box Number is Not Acceptable)
ORLANDO, FLORIDA 32801
 City **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 _____ (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. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	DAVID M. MCLEAN <input type="checkbox"/> Delete 7467 SPARKS SPRING CIRCLE ORLANDO, FL 32835	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	DAVID M. MCLEAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 852 SAXON BLVD. #29 STE 342 ORANGE CITY, FLORIDA 32763
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	THOMAS E JACKSON <input type="checkbox"/> Delete 611 CENTRAL ROAD REY BEACH, NH 03871	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	RONALD C. COAKLEY <input type="checkbox"/> Delete P.O. BOX 190 GREENLAND, NH 03871	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	DONALD J. PHILBRICK <input type="checkbox"/> Delete 1110 CENTRAL ROAD RYE, NH 03870	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
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

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, DIRECTOR** Date: **03/31/01** Daytime Phone: **301 926 6792**

CR2E034 (11/00)