

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

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90141 004 \*\*\*150.00

DOCUMENT # **P99000051230**



1. Entity Name  
**WEALTH BUILDING PUBLICATIONS, INC.**

Principal Place of Business  
**% RUSSELL PALEY  
4984 BOXWOOD CIRCLE  
BOYNTON BEACH FL 33436**

Mailing Address  
**% RUSSELL PALEY  
4984 BOXWOOD CIRCLE  
BOYNTON BEACH FL 33436**



2. Principal Place of Business

**Russell Paley**  
Suite, Apt. #, etc.  
**BOCA RATON FL UNIT 305**  
City & State  
**19667 WATERS ENO DRIVE**

3. Mailing Address

**Russell Paley** Unit 305  
Suite, Apt. #, etc.  
**19667 WATERS ENO DRIVE**  
City & State  
**BOCA RATON FL**

CHECK HERE IF MAKING CHANGES

Zip  
**33434**  
Country  
**USA**

Zip  
**33434**  
Country  
**USA**

4. FEI Number **65-0927530**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PALEY, RUSSELL  
4984 BOXWOOD CIRCLE  
BOYNTON BEACH FL 33436**

7. Name and Address of New Registered Agent

Name **Russell Paley**  
Street Address (P.O. Box Number is Not Acceptable)  
**19667 WATERS ENO DRIVE** Unit 305  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Russell Paley**

DATE **01/06/03**

**FILE NOW!!! FEE IS \$150.00**

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PALEY, RUSSELL</b>	
STREET ADDRESS	<b>4984 BOXWOOD CIRCLE</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Russell Paley**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/6/03**  
DAYTIME PHONE # **561-692-9797**

CR2E034 (1/0/02)