

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90174 001 ***150.00

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DOCUMENT # 285196

1. Entity Name
2460 CORPORATION



Principal Place of Business
**2460 SOUTH FEDERAL HIGHWAY
BOYNTON BEACH FL 33435**

Mailing Address
**2460 SOUTH FEDERAL HIGHWAY
BOYNTON BEACH FL 33435**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-1387070**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BENCIVENGA, MARYLOU
2460 S FED HWY
APT 1
BOYNTON BEACH FL 33435**

7. Name and Address of New Registered Agent

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <input type="checkbox"/> Delete O'DONNELL, JAMES 2460 S. FEDERAL HWY., #17 BOYNTON BCH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete TACELLI, RICHARD 2460 S. FEDERAL HWY., #20 BOYNTON BCH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KORNMEYER, HAROLD 2460 S FED HWY #6 BOYNTON BEACH FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Delete CARCHIOI, SAM 2460 S. FEDERAL HWY., #12A BOYNTON BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MURRAY, ROBERT 2460 S FED HWY #3 BOYNTON BEACH FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete BENCIVENGA, MARYLOU 5466 S FEDERAL HWY #1 BOYNTON BCH FL 33435

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAMES HOLLINAN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAMES HOLLINAN 2460 S. FEDERAL HWY., #18 BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KATHLEEN MINNEKER 2460 S. FEDERAL HWY., #18 BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: JAMES T. O'DONNELL 3/6/03 561-374-8926

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

CR2E034 (10/02)