

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

0144506 AT

DOCUMENT # **551510**

1. Entity Name

**KLEIN, BURY, REIF, APPLEBAUM & ASSOCIATES, INC.**



Principal Place of Business

**519 N. SAM HOUSTON PARKWAY E.  
SUITE 200  
HOUSTON TX 77060-4001  
US**

Mailing Address

**519 N. SAM HOUSTON PARKWAY E.  
SUITE 200  
HOUSTON TX 77060-4001  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1779907**

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

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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 NAME	<b>PCEO MADDOCKS, TONY L</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>519 N. SAM HOUSTON PARKWAY E., SUITE 200</b>	
CITY-ST-ZIP	<b>HOUSTON TX 77060-4001</b>	
TITLE NAME	<b>VCST JONES, BRIAN R</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>519 N. SAM HOUSTON PARKWAY E., SUITE 200</b>	
CITY-ST-ZIP	<b>HOUSTON TX 77060-4001</b>	
TITLE NAME	<b>VP &amp; CFO JOHN DIFILIPPO</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>519 N SAM HOUSTON PKWY E., STE 200</b>	
CITY-ST-ZIP	<b>HOUSTON TX 77060-4001</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>VP &amp; CFO, SECRETARY JOHN DIFILIPPO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>519 N SAM HOUSTON PKWY E, STE 200</b>	
CITY-ST-ZIP	<b>HOUSTON, TX 77060-4001</b>	
TITLE NAME	<b>ASSISTANT SECRETARY STEPHANIE SCOTT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>519 N SAM HOUSTON PKWY E, STE 200</b>	
CITY-ST-ZIP	<b>HOUSTON TX 77060-4001</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *Stephanie Scott* **STEPHANIE SCOTT**  
**ASSISTANT SECRETARY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/16/03 832-201-3836**

CR2E034 (4/03)