

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90194 010 ***150.00

DOCUMENT # 600675

1. Entity Name
BABBITT JOHNSON OSBORNE AND LE CLAINCHE, P.A.

Principal Place of Business 1801 AUSTRALIAN AVENUE SOUTH. #200 P.O. DRAWER 024426 WEST PALM BEACH FL 33402	Mailing Address 1801 AUSTRALIAN AVENUE SOUTH. #200 P.O. DRAWER 024426 WEST PALM BEACH FL 33402
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2. Principal Place of Business 1450 Centrepark Boulevard Suite, Apt. #, etc. Suite 100	3. Mailing Address 1450 Centrepark Boulevard Suite, Apt. #, etc. Suite 100
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City & State West Palm Beach, FL	City & State West Palm Beach, FL	4. FEI Number 59-1228414	Applied For <input type="checkbox"/> Not Applicable
Zip 33401	Country	Zip 33401	Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BABBITT, THEODORE 1801 AUSTRALIAN AVENUE SOUTH WEST PALM BEACH FL 33409	7. Name and Address of New Registered Agent Name Theodore Babbitt Street Address (P.O. Box Number is Not Acceptable) 1450 Centrepark Boulevard Suite 100 City West Palm Beach, FL Zip Code 33401
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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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BABBITT, THEODORE 1801 AUSTRALIAN AVE., S. WEST PALM BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1450 Centrepark Boulevard, Suite 100 West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SD JOHNSON, JOSEPH R. 1801 AUSTRALIAN AVE., SOUTH WEST PALM BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1450 Centrepark Boulevard, Suite 100 West Palm Beach, FL 33401
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
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: THEODORE BABBITT **04/17/02** **561-684-2500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)