

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90281 007 \*\*\*150.00

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**DOCUMENT # 652805**

1. Entity Name  
**STANLEY GREENSPUN INC.**



Principal Place of Business  
**510 JEFFERSON DRIVE  
#111  
DEERFIELD BEACH FL 33442**

Mailing Address  
**510 JEFFERSON DRIVE  
#111  
DEERFIELD BEACH FL 33442**



2. Principal Place of Business  
**9515 Crescent View Dr. N**

3. Mailing Address  
**9515 Crescent View Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**North**

City & State  
**Boynton Beach, FL 33437**

City & State  
**Boynton Beach, FL 33437**

4. FEI Number **36-2610526**

Applied For  
Not Applicable

Zip Country  
**33437 USA**

Zip Country  
**33437 USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENSPUN, GLORIA  
5126 WINDSOR PARKE DRIVE  
BOCA RATON FL 33496**

Name **GREENSPUN, GLORIA**  
Street Address (P.O. Box Number is Not Applicable)  
**9515 CRESCENT VIEW DRIVE NORTH**  
City **BOYNTON BEACH, FL** Zip Code **33437**

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 Gloria Greenspun **GLORIA GREENSPUN**  
Signature, typed or printed name of registered agent and title if applicable. (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST GREENSPUN, GLORIA 510 JEFFERSON DRIVE DEERFIELD BEACH FL 33442</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GREENSPUN, GLORIA 510 JEFFERSON DRIVE DEERFIELD BEACH FL 33442</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST Greenspun, Gloria 9515 Crescent View Drive North Boynton Beach, FL 3437</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Greenspun, Gloria 9515 Crescent View Drive North Boynton Beach, FL 3437</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an address, with all other like empowered.

SIGNATURE: Gloria Greenspun, Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)