2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 703214

Apr 30, 2003 Secretary of State

Entity Name: CHAMBER OF COMMERCE OF THE PALM BEACHES, INC.

New Principal Place of Business: Current Principal Place of Business: 401 N FLAGLER DR. WEST PALM BEACH, FL 33401 **Current Mailing Address: New Mailing Address:** 401 N FLAGLER DR WEST PALM BEACH, FL 33401 FEI Number: 59-0504407 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRADY, DENNIS 401 N. FLAGLER DRIVE W PALM BCH, FL 33401 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition TURK, DAN TURK, DAN Name: Name: 205 DATURA STREET Address: 205 DATURA STREET Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: WEST PALM BEACH, FL 33401 Title: () Delete Title: () Change () Addition GRADY, DENNIS Name: Name: Address: 401 N. FLAGER DR. Address: City-St-Zip: WEST PALM BEACH, FL City-St-Zip: Title: () Delete Title: () Change () Addition LINK SARTORY, WENDY Name: Name: 222 LAKEVIEW AVE., #1380 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: CE () Delete Title: (X) Change () Addition Name: HERTZ, CLIFF Name: HERTZ, CLIFF 400 AUSTRALIAN AVENUE #500 Address: Address: 400 AUSTRALIAN AVENUE #500 City-St-Zip: W PALM BEACH, FL City-St-Zip: W PALM BEACH, FL Title: () Delete Title: (X) Change () Addition REILLY, CURT MARMERSTEIN, PETER Name: Name: 701 NORTHPOINT PARKWAY #410 901 45TH STREET Address: Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: WEST PALM BEACH, FL 33407 Title: () Delete Title: () Change () Addition KRASKER, PAUL Name: Name: Address: 625 NORTH FLAGLER DRIVE Address: WEST PALM BEACH, FL 33401 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS GRADY PRES 04/30/2003