

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90017 047 \*\*\*\*61.25

**DOCUMENT # 724312**  
 1. Entity Name  
**BUSINESS INC. OF THE PALM BEACHES**

Principal Place of Business      Mailing Address  
 11788 US #1      PO BOX 14212  
 NORTH PALM BEACH FL 33408      NORTH PALM BEACH FL 33408

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**23-7347370**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BONITZER, ROBERT**  
 11788 US 1  
 NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent  
 Name **Tana Gaskill**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2610 Bordeau Ct**  
 City **Palm Beach Gardens FL** Zip Code **33410**

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 Tana Gaskill **TANA GASKILL**      DATE **6/11/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees      **Make Check Payable to Department of State**

10: OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PARIZO, BARRY</b> <b>11758 LAKESHORE PL</b> <b>NP PALM BEACH FL 33408</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED</b> <b>BONITZER, ROBERT</b> <b>11788 US #1</b> <b>WEST PALM BEACH FL 33-4058</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>GASKILL, TANA</b> <b>2618 BORVEAUX CT</b> <b>WEST PALM BEACH FL 33410</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PROBST, ROBERT</b> <b>7615 SE FIDDLEWOOD LA</b> <b>HOBE SOUND FL 33455</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ALDRICH, Peter</b> <b>3399 PG'A BLVD #180</b> <b>PALM BEACH GARDENS 33410</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRUENWALD, DICK</b> <b>4362 NORTHLAKE BLVD #204</b> <b>PALM BEACH GARDENS 33410</b> <input type="checkbox"/> Delete

11: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ECKSTEIN, LAWELL</b> <b>11780 U.S. HWY #1</b> <b>NORTH PALM BEACH FL 33408</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WATSON, JOE</b> <b>3395 BURNS RD #206</b> <b>PALM BEACH GARDENS 33410</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GASKILL, TANA</b> <b>2610 BORDEAU CT</b> <b>PALM BEACH GARDENS 33410</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BONITZER, ROBERT</b> <b>11788 U.S. HWY #1</b> <b>NORTH PALM BEACH 33408</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 617, 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: Tana Gaskill **Tana Gaskill**      DATE **6/11/02**      Daytime Phone # **561-626-7000**

CR2E037 (9/01)