

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90725 023 \*\*\*150.00

**DOCUMENT # F02000003288**

1. Entity Name  
**B. JAMES CORPORATION**



Principal Place of Business  
**9840 GYM 9840 ALTERNATE A1A  
PALM BEACH GARDENS, FL 33410**

Mailing Address  
**9840 GYM 9840 ALTERNATE A1A  
PALM BEACH GARDENS, FL 33410**

**11040095**



2. Principal Place of Business  
**9910 ALT. A1A  
Suite, Apt. #, etc.  
PALM BEACH  
City & State  
GARDENS, FL  
Zip  
33410 Country  
USA**

3. Mailing Address  
**9910 ALT. A1A  
Suite, Apt. #, etc.  
PALM BEACH GARDENS  
City & State  
FL  
Zip  
33410 Country  
USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**93-1210590** Applied For  
☒ Not Applicable

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

6. Name and Address of Current Registered Agent  
**SCHROEDER, E. SCOTT  
3300 PGA BLVD.  
GARDEN PLAZA SUITE 970  
PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent  
Name  
**BRET JAMES**  
Street Address (P.O. Box Number is Not Acceptable)  
**9910 ALT. A1A  
PALM BEACH  
City  
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. 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 new agent.)

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST  
JAMES, BRETT  
9910 ALT. A1A  
PALM BEACH GARDENS, FL 33410**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)