

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 11 PH 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **06-0840406** Applied For ☐ Not Applicable ☐

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

## 6. Name and Address of Current Registered Agent

LAYMAN, DAVID K ESQ  
777 S FLAGLER DRIVE, SUITE 300E  
WEST PALM BEACH, FL 33401

## 7. Name and Address of New Registered Agent

Name **Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable)

**1201 Hays Street**

City **Tallahassee** FL Zip Code **32301**

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.

**Brian Courtney**  
Asst. V. Pres.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**6/16/03**

FILE NOW!!! FEE IS \$160.00  
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 **PD** ☐ Delete  
NAME **UVA, RICHARD**  
STREET ADDRESS **1100 SUMMER ST**  
CITY-ST-ZIP **STAMFORD, CT 06905**

TITLE ☐ Change ☐ Addition  
NAME **000021273710**  
STREET ADDRESS **07/02/03--01062--002**  
CITY-ST-ZIP **\*\*550.00**

TITLE **S** ☐ Delete  
NAME **UVA, CAROL ANN**  
STREET ADDRESS **1100 SUMMER ST**  
CITY-ST-ZIP **STAMFORD, CT 06905**

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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:

**Richard Uva, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EC34 (10/02)