


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90210 015 \*\*\*150.00

**DOCUMENT #** F24173  
1. Entity Name  
LAW OFFICES OF BRIAN R. MCCOMB, PA



30090836

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3458 S. Dixie Highway  
Suite, Apt. #, etc.

3. Mailing Address  
3458 S. Dixie Highway  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Stuart

City & State  
Stuart

4. FEI Number  
59-2094081

Applied For  
 Not Applicable

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

Zip Country  
34997 Martin

Zip Country  
34997 Martin

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Brian R. McComb

Street Address (P.O. Box Number is Not Acceptable)  
3458 S. Dixie Highway

City  
Stuart

FL Zip Code  
34997

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 Brian R. McComb  DATE April 14, 2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$450.00  
Amended UBR is \$61.25  
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	President/Director Brian R. McComb 3458 S. Dixie Highway Stuart, FL 34997	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Brian R. McComb  DATE April 14, 2003 (772) 781-0069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #