


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90995 023 \*\*\*150.00

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<b>DOCUMENT # F91019</b> 1. Entity Name <b>DAVID KAUFMAN &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>2103 BISHOP ESTATES</b> <b>JACKSONVILLE FL 32259</b>			Mailing Address <b>2103 BISHOP ESTATES</b> <b>JACKSONVILLE FL 32259</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2205154</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent  <b>KAUFMAN, DAVID A.</b> <b>2103 BISHOP ESTATES</b> <b>JACKSONVILLE FL 32259</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CA</b> <b>KAUFMAN, DAVID A</b> <b>2103 BISHOP EST.RD.</b> <b>JACKSONVILLE FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>KAUFMAN, NANCY A</b> <b>2103 BISHOP EST.RD.</b> <b>JACKSONVILLE FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President/CEO</b> <b>Kaufman, Nancy A.</b> <b>2103 Bishop Est. Rd</b> <b>Jacksonville, FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.</b> <b>KAUFMAN, THOMAS</b> <b>5190 JULINGTON FOREST LANE</b> <b>JACKSONVILLE FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>KAUFMAN, MARGARET</b> <b>5190 JULINGTON FOREST LANE</b> <b>JACKSONVILLE FL 32258</b>		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Nancy Kaufman **RECEIVED** Nancy Kaufman 904-287-5336  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #