## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## F95000000978 **DOCUMENT #**

1. Entity Name GIBBLE NORDEN CHAMPION BROWN CONSULTING EN

S. INC.



## **FILED** Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90250 014 \*\*\*150.00

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PO BOX 802 OLD SAYBRO	OOK CT 06475	Mailing Address 130 ELM STREET PO BOX 802 OLD SAYBROOK CT 064	75		
2. Principal	Place of Business	3. Mailing Address		1 ( DESIGNE LINE SEISE ESSIS BESSES	ER MÆRFR LØLLI FÆRDT EØET INDI
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 06-0842652	Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	Not Applicable 8.75 Additional Be Required
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Ag	
CT CORP	PORATION		Name		
	JTH PINE ISLAND ROAD		Street Addres	(P.O. Box Number is Not Acceptable)	
	ION FL 33329				
			City	FL	Zip Code
8. The above	e named entity submits this statement i tions of registered agent.	for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am far	niliar with, and accept
ind obliga	tions of registered agent.				
SIGNATURE	Signature, typed or printed name of registered agen	at and title if annicable (NOTE	's Danieland American	•	
		a and the in applicable. (NOTE	: Registered Agent signature requ	uired when reinstating) DATE	<u></u>
کـــد ـــ کـــ کـــد ــــ	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing	\$5:00 May Be
Make Check	k Payable to Florida Department o	of State		Trust Fund Contribution.	Added to Fees
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12. Thereby certify that the information supplied with this filling 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 mysignature 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: