

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90168 030 ***150.00

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DOCUMENT # G86661

1. Entity Name

AFFILIATED BUSINESS SOLUTIONS, INC.



Principal Place of Business

**100 N.W. 12 AVENUE
DEERFIELD BEACH FL 33442**

Mailing Address

**111 NW 12TH AVE
LEGAL DEPT/JMDF018
DEERFIELD BEACH FL 33442
US**

2. Principal Place of Business

100 JIM MORAN BLVD.

3. Mailing Address

**100 JIM MORAN BLVD.
LEGAL DEPT
MAIL DROP JMDF018**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH FL

City & State

DEERFIELD BEACH FL

Zip

33442

Country

USA

Zip

33442

Country

USA

4. FEI Number

59-2886988

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

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	DP	<input type="checkbox"/> Delete
NAME	BROWN, COLIN W	
STREET ADDRESS	100 NW 12TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, GARY L	
STREET ADDRESS	100 NW 12TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, JAMES R	
STREET ADDRESS	100 NW 12TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	OSSENBECK, PATRICK C	
STREET ADDRESS	100 NW 12TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHELAN, JOHN J	
STREET ADDRESS	100 NW 12TH AVE	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	AT	<input type="checkbox"/> Delete
NAME	MIRANDI, ARTHUR J JR	
STREET ADDRESS	100 NW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, COLIN W.	
STREET ADDRESS	100 JIM MORAN BLVD	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, GARY L.	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARD, L. TAYLOR III	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSSENBECK, PATRICK C.	
STREET ADDRESS	100 JIM MORAN BLVD	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHELAN, JOHN J.	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDI, ARTHUR J JR	
STREET ADDRESS	100 JIM MORAN BLVD	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J. WHELAN

SECRETARY 04/24/03 954-420-4617

Date

Daytime Phone #

CR2E034 (10/02)