## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # G87403**

JOHN N. BUSO, P.A.



Mailing Address  Mailing Address  1645 PALM BCH LAKES BLVD STE 450 WEST PALM BCH LAKES BLVD STE 450  Zip Country Zip Country Zip Country S. Certificate of Status Desired Stat		
SIE 450 WEST PALM BEACH FL 33401 US  2. Principal Piace of Business  3. Mailing Address  Suite, Apt. #, etc.  City & State  Country  State Coun		
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  DO NOT WRITE IN THIS SPACE  City & State  Country  5. Certificate of Status Desired Fee Required For Path BUSO, JOHN N.  1645 PALM BCH.LKS BLVD. STE-660- 4 5 0 WEST PALM BEACH FL 33401  Signature. Speci or printed name of registered appear and title if applicable.  SIGNATURE  Signature. Speci or printed name of registered appear and title if applicable.  SIGNATURE  Signature. Speci or printed name of registered appear and title if applicable.  (NOTE: Registered Agent signature or required when reinstating)  FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State  PD NAME  PD NAME  Delete  NAME  DO NOT WRITE IN THIS SPACE  Applied Re Not Applied	ı	
City & State  Country  S. Certificate of Status Desired Status Desired See Required Fee Required Fee Required Fee Required Fee Required Name  Street Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. B		
Signature   Sign		
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BUSO, JOHN N. 1645 PALM BCH.LKS BLVD. STE +600 + 450 WEST PALM BEACH FL 33401  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.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PD BUSO, JOHN N. ESQ.	able	
BUSO, JOHN N.  1645 PALM BCH.LKS BLVD.  STE \$690 450 WEST PALM BEACH FL 33401  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.  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State  10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May In Added to Fees May International Properties of Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PD D Delete TITLE NAME  BUSO, JOHN N. ESQ.	<del></del>   -	
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1645 PALM BCH.LKS BLVD.  STE 600- 450 WEST PALM BEACH FL 33401  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.  SIGNATURE  Signature, typed or priny6d name of registered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PD BUSO, JOHN N. ESQ.		
WEST PALM BEACH FL 33401  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.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2001 Fee will be \$550.00  (See criteria on back)  To PD  Delete  TITLE  PD  BUSO, JOHN N. ESQ.  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  To PD  Delete  TITLE  NAME  Delete  TITLE  NAME  NAME  City  FL  Zip Code  To Delete  Title  NAME  To Delete  Title  NAME		
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13. 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 complemental report in the large and that my signature shall have the complemental report or supplemental report in the large and fine the complemental report in the large and that my signature shall have the complemental report or supplemental report in the large and that my signature shall have the complemental report or supplemental report in the large and that my signature shall have the complemental report or supplemental report in the large and that my signature shall have the complemental report or supplemental report in the large and that my signature shall have the complemental report or supplemental report in the large and that my signature shall have the complemental report or supplemental report in the large and that my signature shall have the complemental report or supplemental report in the large and the large a	n n	

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.