

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90065 017 ***150.00

DOCUMENT # H35848

1. Entity Name
ADAIR, FULLER, WITCHER & MALCOM, P.A. CERTIFIED
PUBLIC ACCOUNTANTS



Principal Place of Business
TRADE CENTRE SOUTH
100 W CYPRESS CRK RD. STE 1045
FT LAUDERDALE FL 33309-2115
US

Mailing Address
TRADE CENTRE SOUTH
100 W CYPRESS CRK RD. STE 1045
FT. LAUD FL 33309-2115
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2474542**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAIR, MICHAEL R
100 WEST CYPRESS CRK RD, STE 1045
FT LAUDERDALE FL 33309

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **ADAIR, MICHAEL R.**
STREET ADDRESS **3642 HIGH PINE DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33065-6011**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVP** ☐ Delete
NAME **FULLER, STEVEN E.**
STREET ADDRESS **3150 SW 135 TERRACE**
CITY-ST-ZIP **DAVIE FL 33330**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **WITCHER, TERRELL W.**
STREET ADDRESS **9040 SW 54 ST.**
CITY-ST-ZIP **COOPER CITY FL 33328**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **MALCOM, WILLIAM A.**
STREET ADDRESS **8795 NW 55 PLACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE ☒ Change ☐ Addition
NAME **5738 Reynolds Road**
STREET ADDRESS **Lake Worth FL 33467**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03

954-491-9790

Date

Daytime Phone #

CR2E034 (10/02)