

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90287 018 \*\*\*550.00

0084594 AV

**DOCUMENT # K28055**

1. Entity Name

**AUTOMATED BUSINESS SERVICES OF BOCA RATON, INC.**



Principal Place of Business

11 S E 5TH ST  
BOCA RATON FL 33432  
US

Mailing Address

11 S E 5TH ST  
BOCA RATON FL 33432  
US

2. Principal Place of Business

1801 S. FEDERAL HWY

Suite, Apt. #, etc.

3. Mailing Address

1801 S. FEDERAL HWY

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

65-0068614

Applied For

Not Applicable

Zip

33432

Country

P.B.

Zip

33432

Country

P.B.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KISSMAN, NANCY R.  
11 S E 5TH ST  
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name: NANCY KISSMAN

Street Address (P.O. Box Number is Not Acceptable)  
1801 S. FEDERAL HWY

City: BOCA RATON

FL

Zip Code: 33432

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: *Nancy Kissman*

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

NANCY KISSMAN

(NOTE: Registered Agent signature required when reinstating)

8/6/03

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	DP KISSMAN, NANCY 11 SE 5TH ST BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KISSMAN, DENNIS 11 SE 5TH ST BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	KISSMAN, NANCY 1801 S. FEDERAL HIGHWAY BOCA RATON FL. 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KISSMAN, DENNIS 1801 S. FEDERAL HWY BOCA RATON FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 FLEXMAN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561/  
338-5800

CR2E034 (4/03)