FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90059 011 ***150.00

DOCUMENT # L53124

1. Corpora ion Name

r. Corpora ioi	1 Name				
UNITED BUSINESS BROKERS OF CENTRAL FLORIDA, INC.				1 4 MARCON A ST #1188 JHR 11618 1481	
Principal Place	e of Business	Mailing Address			Bills Bills Bills diest einer eine 1991 1991 1991
201 PARK PLACE 611-109 CHESTNUT OAK CIRCLE SUITE 200 ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701					
			2/01	DO NOT WRITE	DO NOT WRITE IN THIS SPACE
US				3. Date ir corporated or Qualifed	
				02/27/1990	
2. Principa P	face of Business	2a. Mailing Address		4. FEI Number	Applied For
21 /5/.	3 FOX GLEN DR	26 1513 Fc)	XGLEN D	段. 59-3004105	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	<u></u>	27	<u> </u>		Fee Recuired
City & Satur	\ T	City & State	Springs, I	6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip [®]	Country	Zip	Country	8. This corporation owes the current	
24 32 7	108 25 USA	29 32708 :	30 USA	Personal Property Tax.	Yes []No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
BOURRET, RONALD C.			PONALD C. BOU	RRET	
611-109 CHESTNUT OAK CIR.			82 Street	ddress (P.O. Box Number is Not Acceptab	ile)
ALTAMONTE SPRINGS FL 32701			13 FOX GLEN 1) RIVE	
712.77					
			84 City V	lINTER SPRINGS	FL 85 Zip Code 3Z 708
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu e	s, the above-named o	corporation submits this statement for the p	urnose of changing its registered
office or r	egistered agent, or both, in the State of m fa miliar with, and accept the obligat	Florida, Such change was au hs of, Section 607.0505&Flori	thorized by the corpo ida Statutes.	retion's board of cirectors. I hereby accept	the appointment as registered
SIGNATURE	Las all	Turiba	RONALD	C. Bouerer tr	55. 4/6/99
	Signature, typod or prince he no or to heldred -g		Registered Agent signature re	quired when reinstating) ADDITIONS/CHANGES TO OFF	DATE
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFF	Change Addition
TITLE	PSD BONALD C	Detric	1 2 NAME		2
NAME ATTREET APPROF 10	Bourret, Ronald C. 6 11-109 Chestnut Oak-Cr.		1.3 STREET ADDRESS	10-13 FOYGLEN	Drzeve
STREET ADDRE IS	ALTAMONTE SPGS. FL 32701		1.4 CITY-ST-ZIP	1513 FOXGLEN. WINTER SPRINGS	KI 32708
CITY-ST-ZIP	AETAMOTTE OF CO. TE CETO	☐ DELETE	2.1 TITLE	-9141012 STA1463	Change Addition
NAME			2.2 NAME		
STREET ADDRE IS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		1
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change Addition
TITLE		□ DELETE	5.1 TITLE		☐ cuarde ☐ vaginori i

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with a lother like empowered.

5.2 NAME

6.1 TITLE

62 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR I PINTED NAME OF SIGNING OFFICE! OR DIRECTOR

□ DELETE

RONALD C BOURE

4/499 366. 540

Change

Addition

CR2E034 (11/98)