


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92206 020 ***150.00

0335834 AV

DOCUMENT # M08165	
1. Entity Name A.C. CARBONE, C.P.A., P.A.	

Principal Place of Business 3600 W COMMERCIAL BLVD 207 FORT LAUDERDALE FL 33309	Mailing Address 3600 W COMMERCIAL BLVD 207 FORT LAUDERDALE FL 33309
--	--



2. Principal Place of Business 6278 N. FEDERAL Hwy	3. Mailing Address 6278 N. FEDERAL Hwy
Suite, Apt. #, etc. # 361	Suite, Apt. #, etc. # 361

CHECK HERE IF MAKING CHANGES

City & State FORT LAUDERDALE, FL.	City & State FORT LAUDERDALE, FL.	4. FE# Number 59-2467767	Applied For <input type="checkbox"/> Not Applicable
Zip 33308	Country United States	Zip 33308	Country United States

6. Name and Address of Current Registered Agent CARBONE, ANGELO C. 3600 W COMMERCIAL BLVD #207 FORT LAUDERDALE FL 33309	7. Name and Address of New Registered Agent Name: ANGELO C. CARBONE Street Address (P.O. Box Number is Not Acceptable) 6278 N. FEDERAL Hwy #361 City: FORT LAUDERDALE FL Zip Code: 33308
---	--

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: Angelo P. Carbone DATE: 4/30/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARBONE, ANGELO C. 3600 W COMMERCIAL BLVD #207 FORT LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARBONE, ANGELO C. 6278 N. FEDERAL Hwy #361 FORT LAUDERDALE, FL. 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: Angelo P. Carbone DATE: 4/30/03 DAYTIME PHONE: 954-829-1587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)