2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # **N98000002670**

1. Entity Name

Principal Place of Business

SIGNATURE

NATIONAL BUDGET PLANNERS OF SOUTH FLORIDA, INC.



FILED Feb 04, 2003 8:00 am Secretary of State 02-04-2003 90102 010 ****61.25

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1000 EAST ATLANTIC BOULEVARD SUITE 205H POMPANO BEACH FL 33060			1000 EAST ATLANTIC BOULEVARD SUITE 205H POMPANO BEACH FL 33060		}				
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State		4. FEI Number 65-0848095 Applied For Not Applicable				
Zip Country			Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name	and Address of Current R	egistered Agent		7. Name and Addre	ss of New Registered			
SANDSTROM, LUCY 1000 E ATLANTIC BLVD 205 H POMPANO BEACH FL 33080					Name Street Address (P.O. Box Number is Not Acceptable) City				
8. The above the obliga	itions of regist	y submits this statement for tered agent.		, , , , , , , , , , , , , , , , , , ,			- `	ŀ	
	Signature, typeo	or printed name of registered agent an	o title it applicable. (NOTE	: Registered Agent signature requ	uired when reinstating)	DATE			
FILE NUW: FEE IS SOLZO :				paign Financing \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State					
10.		OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND D	IRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1000 EAST	OM, SCOTT J ATLANTIC BOULEVARD BEACH FL 33060	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ARIO ATLANTIC BOULEVARD BEACH FL 33060	☐ Delete	TITLE NAME STREET ADDRESS - CITY-ST-ZIP			☐ Change	☐ Addition	
		, RHONDA ATLANTIC BOULEVARD BEACH FL 33060	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DM, LUCY ATLANTIC BOULEVARD BEACH FL 33060	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
of the cor	poration or th	information supplied with the tor supplemental report is tree receiver or trustee empow- comment with an address, with	ue and accurate and that me ered to execute this report a	the exemption stated in by signature shall have the required by Chapter 6	Section 119.07(3)(i), Floric ne same legal effect as if m 517, Florida Statutes; and th	da Statutes. I further cereade under oath; that I a hat my name appears i	tify that the in am an officer on Block 10 or	iformation or director Block 11 if	