


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90107 043 ***150.00

DOCUMENT # P00000006499

1. Entity Name
CHADWICK, GRAYSON, BAUER & CO., INC.



Principal Place of Business
**4380 NE 11TH AVE
OAKLAND PARK FL 33334**

Mailing Address
**4380 NE 11TH AVE
OAKLAND PARK FL 33334**



2. Principal Place of Business
1700 N.W. 64th Street

3. Mailing Address
1700 N.W. 64th Street

Suite, Apt. #, etc.
100A

CHECK HERE IF MAKING CHANGES

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

Zip
33309

Country
USA

4. FEI Number **65-1043710**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ZEALY, MICHAEL E SR.
4380 NE 11TH AVE
OAKLAND PARK FL 33334**

7. Name and Address of New Registered Agent

Name
John D'onofrio

Street Address (P.O. Box Number is Not Acceptable)
1700 N.W. 64th Street

Suite
100A

City
Ft Lauderdale

State
FL

Zip Code
33309

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  **John D'onofrio**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZEALY, SR., MICHAEL E 4380 NE 11TH AVE OAKLAND PARK FL 33334	<input checked="" 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	PD D'ONOFRIO, JOHN 1700 N.W. 64 Street, Suite 100A Fort Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD BAUGH, GARY 1700 N.W. 64 Street, Suite 100A Fort Lauderdale, FL 33309	<input type="checkbox"/> Change <input checked="" 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)(1), 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 REQUIRED**  **onofrio** **954 491 9000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)