2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State
02-26-2003 90162 034 ***150.00

DOCUMENT # P00000044977

1. Entity Name
CORPORATE DIRECTION OF PALM BEACH, INC.

Principal Place of Business	Mailing Address
8130 WOODSMUIR DR. WEST PALM BEACH, FL 33412	8130 WOODSMUIR DR. WEST PALM BEACH, FL 33412

2. Principal Place of Business		3. Mailing Address	
733 SANDY POINT LANE		733 SANDY POINT LANE	
Suite, Apt. #, etc.: SUITE 101		Suite, Apt. #, etc.: SUITE 101	
City & State: NORTH PALM BEACH, FL		City & State: NORTH PALM BEACH, FL	
Zip: 33410	Country: PALM BEACH	Zip: 33410	Country: PALM BEACH

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1004146 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RHUDY, DOUG E
8130 WOODSMUIR DR.
WEST PALM BEACH, FL 33412

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number Is Not Acceptable): 733 SANDY POINT LANE
City: NORTH PALM BEACH FL Zip Code: 33410

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 [signature] DOUG E. RHUDY 2/3/2003
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RHUDY, DOUG E ~~8130 WOODSMUIR DRIVE~~ ~~WEST PALM BEACH, FL 33412~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 733 SANDY POINT LANE NORTH PALM BEACH, FL 33410	☐ 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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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] DOUG E. RHUDY 2/3/03 561-656-2614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #