


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90182 041 \*\*\*150.00

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<b>DOCUMENT #</b> P00000045247	
<b>1. Entity Name</b> DAVID D. GLASS, P.A.	

<b>Principal Place of Business</b> 2255 GLADES ROAD SUITE 234 W BOCA RATON FL 33431	<b>Mailing Address</b> 2255 GLADES ROAD SUITE 234 W BOCA RATON FL 33431
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<b>2. Principal Place of Business</b> 5499 north Federal Highway	<b>3. Mailing Address</b> 5499 north Federal Highway
<b>Suite, Apt. #, etc.</b> suite a	<b>Suite, Apt. #, etc.</b> suite a
<b>City &amp; State</b> Boca Raton	<b>City &amp; State</b> Boca Raton
<b>Zip</b> FL	<b>Country</b> 33487

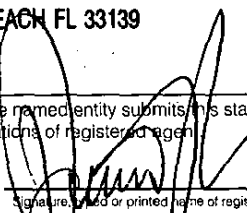


☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 65-1004826	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CORPORATE CREATIONS ENTERPRISES INC. 941 FOURTH STREET, #200 MIAMI BEACH FL 33139	<b>7. Name and Address of New Registered Agent</b> Name: David Glass Street Address (P.O. Box Number is Not Acceptable): 5499 north Federal Highway suite a City: Boca Raton FL Zip Code: 33487

**13. 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.**

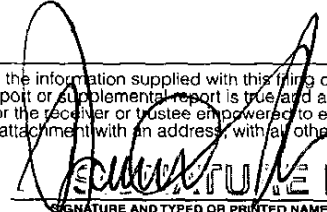
**SIGNATURE**  **DATE** 4/3/03

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																								
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**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 REQUIRED** **DATE** 4/3/03 **Daytime Phone #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/02)