

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90326 029 ***150.00

DOCUMENT # **P00000104156**



1. Entity Name
WESTON PROFESSIONAL GROUP, INC.

Principal Place of Business
**1098 LONGVIEW
WESTON FL 33326**

Mailing Address
**1098 LONGVIEW
WESTON FL 33326**



2. Principal Place of Business
**1304 SW 160 AVENUE
Suite, Apt. #, etc.
PMB 427**

3. Mailing Address
**1304 SW 160 AVENUE
Suite, Apt. #, etc.
PMB 427**

CHECK HERE IF MAKING CHANGES

City & State
FORT LAUDERDALE FL

City & State
FORT LAUDERDALE FL

4. FEI Number **65-1068011**

Applied For
Not Applicable

Zip **33326**

Country **USA**

Zip **33326**

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, MARCIA L
1098 LONGVIEW
FORT LAUDERDALE FL 33326**

Name **MARCIA L. MILLER**
Street Address (P.O. Box Number is Not Acceptable)
**1304 SW 160th AVENUE
PMB 427**
City **FORT LAUDERDALE FL** Zip Code **33326**

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 **MARCIA L. MILLER, PRESIDENT** **3/17/03**
Signature, Type 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	PSTD <input type="checkbox"/> Delete
NAME	MILLER, MARCIA L.
STREET ADDRESS	1098 LONGVIEW
CITY-ST-ZIP	WESTON FL 33326
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MARCIA L.
STREET ADDRESS	1304 S.W. 160 AVE PMB 427
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **3/17/03** **954-389 9510**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)