

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

3. Mailing Address

1304 SW 160 AVENUE

Suite, Apt. #, etc.

PMB 427

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

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

7. Name and Address of New Registered Agent

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

MARCIA L. MILLER, PRESIDENT

3/17/03

(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 **PSTD** Delete
NAME **MILLER, MARCIA L.**
STREET ADDRESS **1098 LONGVIEW**
CITY-ST-ZIP **WESTON FL 33326**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** Change Addition
NAME **MILLER, MARCIA L.**
STREET ADDRESS **1304 S.W. 160 AVE PMB 427**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33326**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03

Date

954-389 9510

Daytime Phone #

CR2E034 (10/02)