

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90966 002 \*\*\*150.00

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DOCUMENT # P00000104412

1. Entity Name  
WALLSTREET-REVIEW, INC.



Principal Place of Business  
3170 N. FEDERAL HIGHWAY  
#105  
LIGHTHOUSE POINT FL 33064

Mailing Address  
7491 N. FEDERAL HIGHWAY  
#C5-260  
BOCA RATON FL 33487-1625



2. Principal Place of Business

3101 S. Ocean Blvd (120)  
Suite, Apt. #, etc.  
120

3. Mailing Address

3101 S. Ocean Blvd  
Suite, Apt. #, etc.  
120

☒ CHECK HERE IF MAKING CHANGES

City & State  
Highland Beach  
Zip  
33487  
Country  
USA

City & State  
Highland Beach  
Zip  
33487  
Country  
USA

4. FEI Number 65-1071853

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

DALY, JEFF  
3170 N. FEDERAL HWY.  
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

Name  
JEFF DALY  
Street Address (P.O. Box Number is Not Acceptable)  
3101 S. Ocean Blvd (120)  
City  
Highland Beach FL Zip Code  
33487

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: Jeff Daly DATE: 4/28/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PD	<input type="checkbox"/> Delete
NAME	DALY, JEFF	
STREET ADDRESS	7491 N FEDERAL HIGHWAY C5-260	
CITY-ST-ZIP	BOCA RATON FL 33487-1625	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BROADBENT, RAY E II	
STREET ADDRESS	879 HIGHWAY 61 NORTH	
CITY-ST-ZIP	NATCHEZ MS 39120	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NARDANGELI, PETER	
STREET ADDRESS	4319 VALANNA DR.	
CITY-ST-ZIP	BURLINGTON, ONTARIO CA L7L-1R4	
TITLE	D	<input type="checkbox"/> Delete
NAME	ICKES, R. DENNIS	
STREET ADDRESS	4257 S. PANORAMA DRIVE	
CITY-ST-ZIP	SALT LAKE CITY UT 84142	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARK, GERALD	
STREET ADDRESS	8790 BLUE JAY LANE	
CITY-ST-ZIP	SALT LAKE CITY UT 84121	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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: Jeff Daly  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4/28/03 DAYTIME PHONE: 561-278-2987

CR2E034 (10/02)