

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000109344

FILED
Feb 12, 2003
Secretary of State

Entity Name: AFFILIATED BUSINESS CONSULTANTS OF NORTH AMERICA, INC.

Current Principal Place of Business:

2331 HANSEN PLACE
TALLAHASSEE, FL 32301

New Principal Place of Business:

4500 SAILBREEZE COURT
ORLANDO, FL 32810

Current Mailing Address:

2331 HANSEN PLACE
TALLAHASSEE, FL 32301

New Mailing Address:

959 STONEWOOD LANE
MAITLAND, FL 32751

FEI Number: 59-3705497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, DEBORAH
4500 SAILBREEZE CT
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TURNER, DEBORAH
Address: 4500 SAILBREEZE CT
City-St-Zip: ORLANDO, FL 32810

Title: ST (X) Delete
Name: TAYLOR, DAVID
Address: 2331 HANSEN PLACE
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP () Delete
Name: BURKE, BARBARA
Address: 959 STONEWOOD LANE
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: TURNER, DEBORAH
Address: 4500 SAILBREEZE CT
City-St-Zip: ORLANDO, FL 32810

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPT (X) Change () Addition
Name: BURKE, BARBARA
Address: 959 STONEWOOD LANE
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA BURKE

VP

02/12/2003

Electronic Signature of Signing Officer or Director

Date