

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000009914

FILED
Jan 06, 2003
Secretary of State

Entity Name: JIM DELAND & ASSOCIATES, INC.

Current Principal Place of Business:

445 FOREST HILL BOULEVARD
WEST PALM BEACH, FL 33405 US

New Principal Place of Business:

Current Mailing Address:

445 FOREST HILL BOULEVARD
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 65-1076627 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DELAND, JAMES E
445 FOREST HILL BLVD.
WEST PALM BEACH, FL 33405 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: D () Delete
Name: DELAND, JAMES E
Address: 2840 WAYNE RD
City-St-Zip: W PALM BEACH, FL 33406 US

Title: D () Delete
Name: ADDONIZIO, MICHELLE Y
Address: 2458 LENA LN
City-St-Zip: W PALM BEACH, FL 33415 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JAMES E. DELAND

PRES

01/06/2003

Electronic Signature of Signing Officer or Director

Date