

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
 04-24-2002 90374 010 ***150.00

DOCUMENT # P01000041407

1. Entity Name

FLORIDA BUSINESS BAYS, INC.

Principal Place of Business

Mailing Address

2765 W. Cypress Creek Rd., Suite D
Ft. Lauderdale, FL 33309

2. Principal Place of Business

18205 River Oaks Drive

3. Mailing Address

P.O. Box 1189

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jupiter, Florida

City & State
Jupiter, Florida

4. FEI Number
65-1109101

Applied For
 Not Applicable

Zip
33458

Country
USA

Zip
33468

Country
USA

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

David R. Farbstein, ESQ.
2765 W. Cypress Creek Rd., Suite D
Ft. Lauderdale, FL 33309

Name
Paul M. Glafenhein

Street Address (P.O. Box Number is Not Acceptable)

18205 River Oaks Drive

City
Jupiter, FL

Zip Code
33458

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.

SIGNATURE

Paul M. Glafenhein
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **Paul M. Glafenhein**
 STREET ADDRESS **2765 W. Cypress Creek Rd. Ste D**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33309**

TITLE ☒ Change ☐ Addition
 NAME **Paul M. Glafenhein**
 STREET ADDRESS **18205 River Oaks Drive**
 CITY-ST-ZIP **Jupiter, FL 33458**

TITLE **D** ☐ Delete
 NAME **Carol Glafenhein**
 STREET ADDRESS **2765 W. Cypress Creek Rd., Ste D**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33309**

TITLE ☒ Change ☐ Addition
 NAME **Carol Glafenhein**
 STREET ADDRESS **18205 River Oaks Drive**
 CITY-ST-ZIP **Jupiter, FL 33458**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Paul M. Glafenhein

4/5/02