


2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

10 SEP 29 PM 1:51

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P01000053590			
1. Entity Name FLORIDA BUSINESS EXCHANGE, INC.			
Principal Place of Business 555 WINDERLEY PLACE SUITE 300 MAITLAND, FL 32751		Mailing Address 5493 RED TAIL DRIVE PORT ORANGE, FL 32128	
2. Principal Place of Business - No P.O. Box # 1540 INTERNATIONAL PKWY Suite, Apt. #, etc. SUITE 200 City & State LAKE HAVAS, FL Zip 32746 Country USA		3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 59-3743838		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RISDON, ALBERT L 5493 RED TAIL DRIVE PORT ORANGE, FL 32128		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u>Albert L. Risdon</u> (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$550.00 Due by September 24, 2010		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RISDON, ALBERT L 5493 RED TAIL DRIVE PORT ORANGE, FL 32128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Albert L. Risdon</u>		9/29/10 (401) 797-6300 Date Daytime Phone #	



09162010 Chg-P CR2E034 (11/08)

4. FEI Number
59-3743838

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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SIGNATURE: Albert L. Risdon (NOTE: Registered Agent signature required when reinstating) DATE

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☐ Change ☐ Addition
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09/16/10--01004--005 **\$550.00
a/29

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SIGNATURE: Albert L. Risdon 9/29/10 (401) 797-6300
Date Daytime Phone #

processing due to 9/16/10 rejection letter. KSP