2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000057960 **DOCUMENT #**

1. Entity Name

GARFIELD & ASSOCIATES, INC.



Mar 24, 2003 8:00 am Secretary of State **FILED**

03-24-2003 90194 009 ***150.00

Suite, Apt. M. etc. City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired \$5. Certificate of Status Desired \$6. Name and Address of Current Registrated Agent 7. Name and Address of New Registrated Agent 8. The Name and Address of New Registrated Agent 8. The Name and Address of New Registrated Agent 8. The Name and Address of New Registrated Agent 9. Election Campage Financing 9. Election Cam							GO WE	<u> </u>					
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Fig. Registered Agent Fig. Registered Agent Name Name and Address of New Registered Agent Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Stre	Zip Country			Zip	Zip Coun			5	5 Certificate of Status Desired \$8.75 Additional			ditional	
FAIRCLOUGH, MICHAEL J 11380 PROSERTIY FARMS RD STE 112 PALM BEACH GARDENS FL 33410 City FL Zp Code City FL									Fee Required				
FAIRCLOUGH, MICHAEL J 11389 PROSERTIY FARMS RD STE 112 PALM BEACH GARDENS FL 33410 City FL Z.p. Code 6. 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICIERS NID DIRECTORS 11. ADDITIONS/CHANGSS TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGSS TO OFFICERS AND DIRECTORS IN 11 MAKE SIREST ADDRESS OTY-ST-ZP PALM BEACH GARDENS FL 33418 D QARFIELD, GERALD SIREST ADDRESS OTY-ST-ZP Addition MAKE SIREST ADDRESS OTY-ST-ZP ADDITIONS/CHANGSS TO OFFICERS AND DIRECTORS TITLE ORAPIELD, GERALD SIREST ADDRESS OTY-ST-ZP Addition MAKE SIREST ADDRESS OTY-ST-ZP OTY-ST-ZP OTH-ST-ZP OTH-ST		6. Name	and Address of Currer	nt Registere	ed Agent		Nama		Name and A	ddress of Nev	w Registered	Agent	
11380 PROSERTITY FARMS RD STE 112 PALM BEACH GARDENS FL 33410 City FL Zip Code				•									
6. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the page of the page at a page													
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	12. nereby c	ertify that the	information supplied wi	th this filing	does not qualify for	the exer	nption stated	d in Section	n 119.07(3)(i),	Florida Statute	s. I further ce	tify that the ir	nformation

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 attack prient with an address, with all other like empowered.

SIGNATURE:

561-630-7948