

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90181 012 ***150.00

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1. Entity Name
SECURITIES FILINGS, INC.



Principal Place of Business
3360 NW 53RD CIRCLE
BOCA RATON FL 33496

Mailing Address
3360 NW 53RD CIRCLE
BOCA RATON FL 33496

2. Principal Place of Business

5800 Hamilton Way
Suite, Apt. #, etc.

3. Mailing Address

5800 Hamilton Way
Suite, Apt. #, etc.

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number **65-1121558**

Applied For
Not Applicable

Zip **33496** **Country** **U.S.A**

Zip **33496** **Country** **U.S.A**

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

DODRILL, JAMES G II
3360 NW 53RD CIRCLE
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name **Dodrill, James G II**

Street Address (P.O. Box Number is Not Acceptable)
5800 Hamilton Way

City **Boca Raton** **FL** **Zip Code** **33496**

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 **James G. Dodrill II** **James G. Dodrill II** **4/6/03**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ **Delete**
NAME **MERIDETH, DODRILL**
STREET ADDRESS **3360 NW 53RD CIR**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ **Change** ☐ **Addition**
NAME **Meredith Dodrill**
STREET ADDRESS **5800 Hamilton Way**
CITY-ST-ZIP **Boca Raton, FL 33496**

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

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Meredith Dodrill** **3/3/03** **1561299-9996**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)