

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90131 032 \*\*\*150.00

**DOCUMENT # P01000103155**

1. Entity Name  
**ADVANCED BULKHEAD CORPORATION**



Principal Place of Business  
**4540 S.E. SANDPEBBLE TRACE #104  
STUART FL 34996**

Mailing Address  
**4540 S.E. SANDPEBBLE TRACE #104  
STUART FL 34996**

2. Principal Place of Business  
**2336 SE Ocean Blvd. #156**  
Suite, Apt. #, etc.

3. Mailing Address  
**2336 SE Ocean Blvd. #156**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Stuart FL**  
Zip  
**34996-3319** Country

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**Stuart FL**  
Zip  
**34996-3319** Country

4. FEI Number  
**60-0000259**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MORENA, JOHN**  
~~**4540 S.E. SANDPEBBLE TRACE #104**~~ **2336 SE OCEAN BLVD #156**  
**STUART FL 34996**

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 **JOHN J. MORENA**  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**3/10/03**  
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  
Trust Fund Contribution. ☐ **\$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  
**PT**  
**ISACKSEN, JEFFREY** ☐ Delete  
**28 ASTOR ST BROOKHAVEN HAMLET**  
**BROOKHAVEN NY 11719**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VS**  
**ISACKSEN, DWIGHT** ☐ Delete  
**551 SHORE DR**  
**OAKDALE NY 11769**

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

TITLE  
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☐ Change ☐ Addition

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: **Dwight Isackson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/28/03 631-589-6207**  
Date Daytime Phone #

CR2E034 (10/02)