


FILED

03 JUN -5 AM 7:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P01000107200</b>					
1. Entity Name <b>JOSEPH JAMES &amp; ASSOCIATES INC.</b>					
Principal Place of Business <b>5446 W SAMPLE RD MARGATE, FL 33073</b>			Mailing Address <b>5446 W SAMPLE RD MARGATE, FL 33073</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PEPITONE, VINCENT 5446 W SAMPLE RD MARGATE, FL 33073			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering.)</small> DATE _____					
FILE NOW!!!! FEE IS \$160.00 After May 17, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				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	P PEPITONE, VINCENT 5446 W SAMPLE RD MARGATE, FL 33073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Vincent Pepitone</u>			6-4-2003		
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR			Date Daytime Phone #		

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JOSEPH JAMES & ASSOCIATES, INC.

5446 W. Sample Road  
Margate, FL 33073

954-969-2550 FL  
516-599-9500

May 31, 2003

Florida Dept of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: UBR Filing 2003

To Whom It May Concern:

I changed my address and took sick thereafter and did not file the UBR for 2003.

I could not download the UBR form in the proper size on the internet web page sunbiz.org. therefore to avoid further delay have submitted the enclosed.

Please accept my check and revise my Certificate of Status.

Thank you,



Vincent Pepitone  
Joseph James & Associates

Encs.