

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90172 048 \*\*\*550.00

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**DOCUMENT # P02000023321**



1. Entity Name  
**SAAR BUSINESS SOLUTIONS, INC.**

Principal Place of Business  
**219 NE 1ST AVE  
DELRAY BEACH FL 33444**

Mailing Address  
**219 NE 1ST AVE  
DELRAY BEACH FL 33444**

2. Principal Place of Business  
**4880 Cherry Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
**4880 Cherry Rd**  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**West Palm Beach, FL**  
Zip  
**33417**  
Country  
**US**

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**West Palm Beach, FL**  
Zip  
**33417**  
Country  
**US**

4. FEI Number  
**47-0851367**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JONES, CHRISTOPHER C  
4880 CHERRY RD  
WEST PALM BEACH FL 33417**

**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 *Christopher C. Jones, President* DATE 8/13/2003  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<input type="checkbox"/> Delete	<b>P JONES, CHRISTOPHER C 4880 CHERRY RD WEST PALM BEACH FL 33417</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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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"/> 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: *Christopher C. Jones, President* DATE 8/13/2003 DAYTIME PHONE # 561-379-5344  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)