

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0374070 AV 112

**DOCUMENT # P02000049518**  
1. Entity Name  
**A BARTENDERS ACADEMY OF PALM BEACH, INC**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV 25 PM 3:11

Principal Place of Business  
**630 S. SAPODILLA AVENUE  
SUITE 415  
WEST PALM BEACH FL 33401**

Mailing Address  
**630 S. SAPODILLA AVENUE  
SUITE 415  
WEST PALM BEACH FL 33401**

**REINSTATEMENT 03**  
  
11/25/03 01047 001 173.75  
 CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**11665 Palm Beach Lakes Blvd  
Suite, Apt. #, etc. Suite 805**

3. Mailing Address  
**Same**

City & State  
**West Palm Beach FL**

City & State  
**West Palm Beach FL**

Zip  
**33401**

Country

4. FEI Number  
**75-3053447**

Applied For  
 Not Applicable

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

8. Name and Address of Current Registered Agent  
**STRONG, BRETT  
5185 CHELAN COVE  
LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent  
Name **Philip N. Radomski**  
Street Address (P.O. Box Number is Not Acceptable)  
**610 Fern Street**  
City **West Palm Beach FL** Zip Code **33401**

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 DATE **5/1/03**  
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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STRONG, BRETT</b>	
STREET ADDRESS	<b>5185 CHELAN COVE</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RADOMSKI, WAYNE</b>	
STREET ADDRESS	<b>630 S. SAPODILLA AVENUE #415</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RADOMSKI, PHILIP</b>	
STREET ADDRESS	<b>630 S. SAPODILLA AVENUE #415</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STRONG, AGGIE</b>	
STREET ADDRESS	<b>630 S. SAPODILLA AVENUE #415</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(l), 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: Philip Radomski DATE: **5/1/03** (561) 832-5848  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

2/2

# A Bartenders Academy

1665 Palm Beach Lakes Blvd.  
Suite 805  
West Palm Beach, Florida 33401  
(561) 683-6110

November 5, 2003

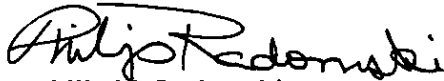
Pat Bailey  
Division of Corporations  
P O Box 6327  
Tallahassee, Florida 32314

RE: Document #: P02000049518

Dear Pat Bailey;

We at A Bartenders Academy of Palm Beach, Inc. did not receive the 60 day notification from your office or the intent to dissolve the corporation. Therefore we are asking for a waiver of reinstatement fee and penalty. We are also requesting a letter of Corporation in good standing. Enclosed you will find a money order in the amount of \$173.75. We appreciate any and all assistance that you have your office has provided to this office.

Sincerely,



Philip N. Radomski

Secretary

A Bartenders Academy of Palm Beach, Inc.