

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90083 046 \*\*\*150.00

**DOCUMENT # P02000072035**

**1. Entity Name**  
**BOARD GOVERNANCE SERVICES, INC.**



**Principal Place of Business**  
**1001 NORTH US HIGHWAY ONE**  
**SUITE 503**  
**JUPITER FL 33477**

**Mailing Address**  
**1001 NORTH US HIGHWAY ONE**  
**SUITE 503**  
**JUPITER FL 33477**

**2. Principal Place of Business**  
**505 S Flagler Dr**  
**Suite 1450**

**3. Mailing Address**  
**505 S Flagler Dr**  
**Suite 1450**

**City & State**  
**West Palm Beach FL**

**City & State**  
**West Palm Beach FL**

**Zip**  
**33401**

**Country**

**Zip**  
**33401**

**Country**

**4. FEI Number**  
**11-3643164**

**Applied For**  
**Not Applicable**

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

☒ **CHECK HERE IF MAKING CHANGES**

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

**VALDES-FAULI CORPORATE SERVICES, INC.**  
**777 SOUTH FLAGLER DRIVE**  
**SUITE 500 EAST**  
**WEST PALM BEACH FL 33401**

**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** \_\_\_\_\_ 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**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
C	Scott C Newquist	505 S Flagler Dr Suite 1450	West Palm Beach FL 33401	<input type="checkbox"/>
P	Robert Eccles	505 S Flagler Dr Suite 1450	West Palm Beach FL 33401	<input type="checkbox"/>
S	Aileen M Newquist	505 S Flagler Dr Suite 1450	West Palm Beach FL 33401	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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:** \_\_\_\_\_ **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/02/03** **561-835-8395**  
Date Daytime Phone #

CR2E034 (10/02)