

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 18, 2003 8:00 am**  
**Secretary of State**  
07-18-2003 90080 015 \*\*\*150.00

0080761 AV

**DOCUMENT # P02000085737**

1. Entity Name

LAW OFFICE OF STANLEY CONSTANT P.A.



Principal Place of Business  
BIG OAK PROFESSIONAL BLDG  
1803 AUSTRALIAN AVE S STE A  
W PALM BEACH FL 33409

Mailing Address  
BIG OAK PROFESSIONAL BLDG  
1803 AUSTRALIAN AVE S STE A  
W PALM BEACH FL 33409



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

06-1643262

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

CORPORATE CREATIONS NETWORK INC.  
941 4 ST  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name Stanley Constant, Esq.

Street Address (P.O. Box Number is Not Acceptable)

Big Oak Professional Bldg.  
1803 Australian Ave S, Ste A

City West Palm Beach FL

Zip Code

33409

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

7/14/2003

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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
	D	CONSTANT, STANLEY	BIG OAK PROFESSIONAL BLDG W PALM BEACH FL 33409	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/14/2003 (561) 616-8227

CR2E034 (4/03)



LAW OFFICE OF  
STANLEY CONSTANT, P.A.

07/14/2003

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

*Attachment*

#

PU2000085737

90144666

**Re: Law Office of Stanley Constant, P.A., FEI #06-1643262**

Dear Sir or Madam:

I am sorry to inform you that my corporation has not received prior notice to pay the filing fee. Therefore, I ask you to waive the late fee and accept my check with the original requested amount of \$150.00 attached to this letter and Uniform Business Report.

Thank you very much for your understanding of this matter.

Sincerely,

Stanley Constant (Director)