

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P03000071120**

1. Entity Name  
**ELBERT BABB, P.A.**

Principal Place of Business Mailing Address

2. Principal Place of Business **1800 NE 27th STREET** 3. Mailing Address **1800 NE 27th STREET**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **WILTON MANORS FL** City & State **WILTON MANORS, FL**

Zip **33306** Country **USA** Zip **33306** Country **USA**

**FILED**  
05 MAR -7 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 04-05**  
DO NOT WRITE IN THIS SPACE

4. FEI Number **33-1067316** Applied For  Not Applicable

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

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

**7. Name and Address of New Registered Agent**

**DAVID E. BUCK, CPA**  
**2900 EAST OAKLAND PARK BLVD**  
**FORT LAUDERDALE, FL 33306**

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.

SIGNATURE  **DAVID E. BUCK, REGISTERED AGENT 2/28/2005**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P/V/S/T</b> <b>ELBERT BABB</b> <b>1800 NE 27th STREET</b> <b>WILTON MANORS, FL 33306</b>	<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	<b>800048399758</b> <b>03/15/05--01009--011 **300.00</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ELBERT BABB** **PAES 10601** **2/28/2005** **954-336-4544**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

**Elbert Babb, P.A.**  
1800 N.E. 27th Street  
Wilton Manors, FL 33306

February 28, 2005

**Florida Department of State**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

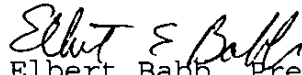
Re: Elbert Babb, P.A. (P03000071120) Annual Report

Dear Sir or Madam,

I have determined from an internet search that my company is not active in your records due to nonreceipt of a 2004 annual report. I have no record of having received an annual report for 2004. Therefore, I have enclosed a check payable to the Department of State in the amount of \$300.00, representing the annual fee of \$150.00 for 2004 and the annual fee of \$150.00 for 2005.

Please accept my report and payment as payment in full as I did not receive an annual report notice. Thank you for your consideration and cooperation in this matter.

Very Truly Yours,

  
Elbert Babb, President