

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000079223**

1. Entity Name  
**LAW OFFICES OF PERRY E. THURSTON, JR., P.A.**



Principal Place of Business  
**1236 S.E. 4 AV.  
FORT LAUDERDALE FL 33304**

Mailing Address  
**1236 S.E. 4 AV.  
FORT LAUDERDALE FL 33304**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3091216**

Applied For  
 Not Applicable

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

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

**THURSTON, PERRY E JR.  
2480 N ANDREWS AVE  
FT LAUDERDALE FL 33311**

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

Name **Thurston Perry E. Jr.**

Street Address (P.O. Box Number is Not Acceptable)  
**1236 S.E. 4th Ave**

City **Ft. Lauderdale** **FL** Zip Code **33304**

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 *Perry E. Thurston* DATE **7/29/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THURSTON, PERRY E JR.</b> <b>2480 N ANDREWS AVE</b> <b>FT LAUDERDALE FL 33311</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THURSTON, FLOYD</b> <b>2480 N ANDREWS AVE</b> <b>FT LAUDERDALE FL 33311</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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Thurston Perry E. Jr</b> <b>1236 S.E. 4th Ave</b> <b>Ft. Lauderdale Fla. 33304</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Thurston Floyd</b> <b>1236 S.E. 4th Ave</b> <b>Ft. Lud. Fla. 33304</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600022066586</b> <b>08/05/03--01029--006 **550.00</b>	<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

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 an other like empowered.

SIGNATURE: *Perry Thurston* DATE **7/29/03** DAYTIME PHONE # **954-761-6400**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

0072308 AV

CR2E034 (4/03)