

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

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90141 023 \*\*\*150.00

DOCUMENT # P 95000026404  
1. Entity Name  
BOOKMAN & Associates, Inc.



**DO NOT WRITE IN THIS SPACE**

60013478

2. Principal Place of Business  
30 PLAYERS CLUB VILLA RD  
Suite, Apt. #, etc.  
City & State  
Ponte Vedra Beach FL

3. Mailing Address  
SAME  
Suite, Apt. #, etc.  
SAME  
City & State  
NEW ADDRESS

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

4. FEI Number  
65-0580903  
Applied For  
Not Applicable

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

7. Name and Address of Current Registered Agent  
Name  
Neil J. Bookman  
Street Address (P.O. Box Number is Not Acceptable)  
30 PLAYERS CLUB VILLA RD  
City  
Ponte Vedra Beach FL Zip Code  
32082

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 \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	<u>PRESIDENT NEIL J. BOOKMAN 30 PLAYERS CLUB VILLA RD PONTE VEDRA BEACH FL 32082</u>
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Neil Bookman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 2/26/03 Daytime Phone # 904 280 0739