

**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.

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

City & State
Ponte Vedra Beach FL
Zip
32082
Country
ST. JOHNS.

City & State
NEW ADDRESS
Zip
NEW ADDRESS
Country
NEW ADDRESS

4. FEI Number
65-0580903
Applied For
 Not Applicable

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

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IN THIS SPACE**

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 _____ (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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IN THIS SPACE**

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

2/26/03 904 280 0739
Date Daytime Phone #

CR2E034B (12/02)