

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90828 012 \*\*\*150.00

0409320 AV

DOCUMENT # P96000021473

1. Entity Name  
AFFILIATED BROKERS NETWORK, INC.



Principal Place of Business  
9064 TAVERNA WAY  
BOYNTON BEACH FL 33437  
US

Mailing Address  
9064 TAVERNA WAY  
BOYNTON BEACH FL 33437  
US



2. Principal Place of Business  
**374 W. KEY LIME SQ SW**  
Suite, Apt. #, etc.

3. Mailing Address  
**374 W. KEY LIME SQ SW**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**VERO BEACH, FLORIDA**  
Zip  
**32968**

City & State  
**VERO BEACH, FLORIDA**  
Zip  
**32968**

4. FEI Number **65-0645606**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FABER, ALLAN  
9064 TAVERNA WAY  
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

Name **ROLAND, BARBARA A**  
Street Address (P.O. Box Number is Not Acceptable)  
**374 W KEY LIME SQ S.W.**  
City **VERO BEACH** FL Zip Code **32968**

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 **ROLAND, BARBARA A** **PRES. X** **4/1/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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          | P                      | <input checked="" type="checkbox"/> Delete |
| NAME           | FABER, ALLAN           |  |
| STREET ADDRESS | 9064 TAVERNA WAY       |  |
| CITY-ST-ZIP    | BOYNTON BEACH FL 33437 |  |
| TITLE          | VP                     | <input checked="" type="checkbox"/> Delete |
| NAME           | ROLAND, BARBARA A      |  |
| STREET ADDRESS | 9064 TAVERNA WAY       |  |
| CITY-ST-ZIP    | BOYNTON BEACH FL 33437 |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | P                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | ROLAND, BARBARA, A    |  |
| STREET ADDRESS | 374 W KEY LIME SQ SW  |  |
| CITY-ST-ZIP    | VERO BEACH, FL 32968  |  |
| TITLE          | VP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | FABER, ALLAN          |  |
| STREET ADDRESS | 374 W. KEY LIME SQ SW |  |
| CITY-ST-ZIP    | VERO BEACH, FL 32968  |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |

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: **ROLAND, BARBARA A** **4/1/03** **772-978-5873**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)