

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91694 013 \*\*\*150.00

**DOCUMENT # P97000024528**

1. Entity Name  
**PRACTICAL GROWTH, INC.**

Principal Place of Business

~~102 N.E. 2ND STREET, #319~~  
~~BOCA RATON FL 33432~~  
~~US~~

Mailing Address

~~102 N.E. 2ND STREET, #319~~  
~~BOCA RATON FL 33432~~  
~~US~~

2. Principal Place of Business

**320 PLAZA REAL**  
 Suite, Apt. #, etc. **#306**

3. Mailing Address

**STONE**  
 Suite, Apt. #, etc.

City & State  
**BOCA RATON, FL**

City & State

4. FEI Number **65-0753123**

Applied For  
 Not Applicable

Zip **33432** Country **PALM BEACH**

Zip Country

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

6. Name and Address of Current Registered Agent

**BRIER, STEVEN**  
**C/O BRIER/ZIEGLER**  
~~102 NE 2ND STREET, #319~~  
~~BOCA RATON FL 33432~~

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable) **320 PLAZA REAL #306**  
 City **BOCA RATON FL** Zip Code **33432**

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

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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BRIER, STEVEN	102 N.E. 2ND STREET, #319	BOCA RATON FL 33432	<input type="checkbox"/>
	PAUL ZIEGLER	4932 A EQUESTRIAN CIR	BOCA RATON BEACH, FL 33436	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	STEVEN BRIER	320 PLAZA REAL #306	BOCA RATON, FL 33432	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)