

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2003 8:00 am**  
**Secretary of State**

07-31-2003 90074 001 \*\*\*150.00

0163849 FP

**DOCUMENT # P97000024528**

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



Principal Place of Business  
~~320 PENZA RD #306~~ **102 NE 2ND ST. #319**  
**BOCA RATON FL 33432**  
**US**

Mailing Address  
~~320 PLAZA RD #306~~ **102 NE 2ND ST. #319**  
**BOCA RATON FL 33432**  
**US**



2. Principal Place of Business  
**102 NE 2ND ST.**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.  
**319**

Suite, Apt. #, etc.

City & State  
**BOCA RATON FL**

City & State

4. FEI Number **65-0753123**

Applied For  
Not Applicable

Zip **33432**

Country **US**

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRIER, STEVEN**  
~~320 PLAZA RD #306~~ **102 NE 2ND ST. #319**  
**BOCA RATON FL 33432**

Name  
Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Steven M. Brier*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/21/03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  
NAME **BRIER, STEVEN**  
STREET ADDRESS ~~320 PLAZA RD #306~~ **102 NE 2ND ST. #319**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D**  
NAME **ZIEGLER, PAUL**  
STREET ADDRESS **4932 A EQUESTRIAN CR**  
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 reports 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: *Steven M. Brier* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/21/03** **954**  
**571-7619**

CR2E034 (4/03)

A Hachment#  
80135129  
P97000024528



102 NE 2nd St. #319  
Boca Raton, Fl. 33432  
954 571 7619  
Fax: 208-567-8003  
[oomph@bellsouth.net](mailto:oomph@bellsouth.net)

Dear Florida Division of Corporations,

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I had never received this form due to CHANGE OF ADDRESS.

I am enclosing the fee due which is \$150.00 which would have been paid timely had I received timely notice.

Thank you



Steve Brier