

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 19, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000091859**1. Entity Name  
PARTNERS FOR CHANGE, INC.

Principal Place of Business	Mailing Address
801 BRICKELL AVE	801 BRICKELL AVE
#900	#900
MIAMI FL	MIAMI FL
33131 US	33131 US

2. Principal Place of Business	3. Mailing Address
7862 W WIRLO BRONSON HIGHWAY	7862 W WIRLO BRONSON HIGHWAY

Suite, Apt. #, etc.	Suite, Apt. #, etc.
334	334

City & State	City & State
KISSIMMEE FL	KISSIMMEE FL

Zip	Country	Zip	Country
34747	US	34747	US

4. FEI Number	Applied For
65-0790033	Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**STAFFORD COLIN  
13917 FAIRWAY ISLAND DRIVE  
APT 934  
ORLANDO FL  
32837**7. Name and Address of New Registered Agent**

Name
STAFFORD COLIN
Street Address (P.O. Box Number is Not Acceptable)
754 RIGGS CIRCLE
City
DAVENPORT FL
Zip Code
33837

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 \_\_\_\_\_ DATE **04/19/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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, 2001 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	VST	<input type="checkbox"/> Delete
NAME	STAFFORD COLIN	
STREET ADDRESS	801 BRICKELL AVE, SUITE 900	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH MARK	
STREET ADDRESS	44 NIGHTINGALE ROAD, HAMPTON	
CITY-ST-ZIP	MIDDLESEX TW12 3HZ	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONNOLLY TIM	
STREET ADDRESS	THE RIDGE HOUSE, THE RIDGE	
CITY-ST-ZIP	WOLDINGHAM, SURREY CR3 7AX	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH MARK	
STREET ADDRESS	44 NIGHTINGALE ROAD, HAMPTON	
CITY-ST-ZIP	MIDDLESEX, TW12 3HZ	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAFFORD COLIN	
STREET ADDRESS	754 RIGGS CIRCLE	
CITY-ST-ZIP	DAVENPORT FL 33837	
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		

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:** Colin Stafford

Mr 04/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)