

# 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 801 BRICKELL AVE #900 MIAMI 33131 US	FL	Mailing Address 801 BRICKELL AVE #900 MIAMI 33131 US	FL
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2. Principal Place of Business 7862 W IRLO BRONSON HIGHWAY	3. Mailing Address 7862 W IRLO BRONSON HIGHWAY
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Suite, Apt. #, etc. 334	Suite, Apt. #, etc. 334
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City & State KISSIMMEE FL	City & State KISSIMMEE FL
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Zip 34747	Country US	Zip 34747	Country US
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4. FEI Number  
**65-0790033**

Applied For	
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 NAME STREET ADDRESS CITY-ST-ZIP	VST STAFFORD COLIN <input type="checkbox"/> Delete 801 BRICKELL AVE, SUITE 900 MIAMI FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH MARK <input type="checkbox"/> Delete 44 NIGHTINGALE ROAD, HAMPTON MIDDLESEX TW12 3HZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNOLLY TIM <input type="checkbox"/> Delete THE RIDGE HOUSE, THE RIDGE WOLDINGHAM, SURREY CR3 7AX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH MARK <input type="checkbox"/> Delete 44 NIGHTINGALE ROAD, HAMPTON MIDDLESEX, TW12 3HZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST STAFFORD COLIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 754 RIGGS CIRCLE DAVENPORT FL 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)