## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

811 E HILLSBORO BLVD

P97000094594 DOCUMENT #

1. Entity Name

Principal Place of Business

2. Principal Place of Business

GLEASON, JAMES R

811 E HILLSBORO BLVD. DEERFIELD BEACH FL 33441

811 E HILLSBORO BLVD

DEERFIELD FL 33441

Suite, Apt. #, etc.

City & State

Zip

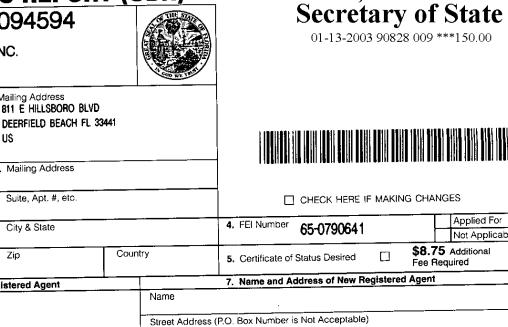
SIGNATURE

FLORIDA BUSINESS CONSULTANTS, INC.

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.



FILED

Jan 13, 2003 8:00 am

	3. The above named entity submits this statement for the purpose of changing its register	and office or registered agent, or both, in the State of	Florida, I am familiar with, and accept
٤	<ol><li>The above named entity submits this statement for the purpose of changing its register</li></ol>	ed thice or registered agent, or boat, in the even	
	the obligations of registered agent.		

City

(NOTE: Registered Agent signature required when reinstating)

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

Zip Code

Applied For

Not Applicable

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. **PSTD** ☐ Delete TITLE TITLE NAME FILE HILLS BOND BLUD DEENTELD BEACH, PC 37441 GLEASON, JAMES R NAME STREET ADDRESS 723 TIVOLI CIRCLE #102 STREET ADDRESS **DEERFIELD BEACH FL 33441** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS

12. Thereby 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 n address, with all other like empowered. changed, or on an attachment with

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

CR2E034 (10/02)