FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91521 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037975

1. Entity Name
FATHER AND SON PORTFOLIOS, INC.

10090300

Principal Place of Business	Mailing Address
219 WEST DAVIE ROAD FORT LAUDERDALE, FL 33315	219 WEST DAVIE ROAD FORT LAUDERDALE, FL 33315

2. Principal Place of Business	3. Mailing Address
219 West Davie Blvd	219 W. Davie Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL	City & State: Fort Lauderdale, FL
Zip: 33315 Country: USA	Zip: 33315 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0839012 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SAMMARCO, VINCENT T
9141 TAFT STREET
PEMBROKE PINES, FL 33024

7. Name and Address of New Registered Agent
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 ______ 4/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MEYER, RICHARD B 219 WEST DAVIE ROAD FORT LAUDERDALE, FL 33315	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Meyer, Richard B 219 West Davie Blvd Fort Lauderdale, FL 33315	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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

SIGNATURE: ______ 4/24/03 954-593-3550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #