

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91009 041 \*\*\*150.00

**DOCUMENT # P98000093153**



1. Entity Name  
**SUITE 207 ASSOCIATES, INC.**

Principal Place of Business  
**8751 W. BROWARD BLVD  
STE 207  
PLANTATION FL 33324**

Mailing Address  
**8751 W. BROWARD BLVD  
STE 207  
PLANTATION FL 33324**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0872590**

Applied For  
 Not Applicable

Zip

Country

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

**HEAD, DAVID A  
8751 W. BROWARD BLVD  
PLANTATION FL 33324**

Name  
**WATSON, MICHAEL R.**  
Street Address (P.O. Box Number is Not Acceptable)  
**8751 W. BROWARD BLVD., SUITE 207**  
City **PLANTATION** State **FL** Zip Code **33324**

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 *Michael Watson*  
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 **VP**  Delete  
NAME **TURNER, WILLIAM R**  
STREET ADDRESS **8751 W. BROWARD BLVD#207**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **VP**  Change  Addition  
NAME **WATSON, MICHAEL R.**  
STREET ADDRESS **8751 W. BROWARD BLVD. #207**  
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE **VP**  Delete  
NAME **JORDAN, JEFF D**  
STREET ADDRESS **8751 W. BROWARD BLVD#207**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P**  Delete  
NAME **HEAD, DAVID A**  
STREET ADDRESS **8751 W. BROWARD BLVD#207**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T**  Delete  
NAME **CABRERA, MIGUEL A**  
STREET ADDRESS **8751 W. BROWARD BLVD#207**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Michael Watson* **WATSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03

Date

954-424-9486

Daytime Phone #

CR2E034 (10/02)