

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90141 004 ***150.00

DOCUMENT # P99000051230

1. Entity Name
WEALTH BUILDING PUBLICATIONS, INC.



Principal Place of Business

% RUSSELL PALEY
4984 BOXWOOD CIRCLE
BOYNTON BEACH FL 33436

Mailing Address

% RUSSELL PALEY
4984 BOXWOOD CIRCLE
BOYNTON BEACH FL 33436



2. Principal Place of Business

Russell Paley
Suite, Apt. #, etc.
BOCA RATON FL UNIT 305
City & State
19667 WATERS ENO DRIVE
Zip
33434
Country
USA

3. Mailing Address

Russell Paley Unit 305
Suite, Apt. #, etc.
19667 WATERS ENO DRIVE
City & State
BOCA RATON FL
Zip
33434
Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0927530

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

PALEY, RUSSELL
4984 BOXWOOD CIRCLE
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name Russell Paley
Street Address (P.O. Box Number is Not Acceptable)
19667 WATERS ENO DRIVE Unit 305
City Boca Raton FL Zip Code 33434

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/06/03

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

TITLE D
NAME PALEY, RUSSELL
STREET ADDRESS 4984 BOXWOOD CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL 33436 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03

586929797

Date

Daytime Phone #

CR2E034 (10/02)