

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-13-2003 90447 004 \*\*\*150.00

030690 AV

**DOCUMENT # P99000092830**

1. Entity Name  
**717 SECOND STREET, INC.**



Principal Place of Business  
**1001 NE 26TH STREET  
FORT LAUDERDALE FL 33305**

Mailing Address  
**1001 NE 26TH STREET  
FORT LAUDERDALE FL 33305**

**45005947**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0957672**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LINDQUIST, MARIAN L ESQ.  
1001 NE 26TH STREET  
FORT LAUDERDALE FL 33305**

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

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 **PST *MARIAN*** ☐ Delete  
STREET ADDRESS **LINDQUIST, MARIAN A.**  
CITY-ST-ZIP **1001 NE 26TH STREET  
FORT LAUDERDALE FL 33305**

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

TITLE  
NAME **V ~~COSTELLO, MAUREEN~~** ☐ Delete  
STREET ADDRESS **~~600 SAGAMORE RD~~**  
CITY-ST-ZIP **~~FT LAUDERDALE FL 33301~~**

TITLE  
NAME ***There is no Vice President*** ☐ Change ☐ Addition  
STREET ADDRESS ***she resigned - Per Amendment***  
CITY-ST-ZIP ***Filing Section Letter No:***

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ***403A00000484*** ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP ***(Attached)***

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/03**  
Date

**9545674100**  
Daytime Phone #

CR2E034 (10/02)



*P99000092830*  
*40005947*

FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

January 6, 2003

MARIAN A. LINDQUIST, PA  
1001 NE 26TH STREET  
FORT LAUDERDALE, FL 33305

Re: Document Number P99000092830

The Officer/Director Resignation was filed on December 18, 2002, resigning MAUREEN COSTELLO from 717 SECOND STREET, INC., a Florida corporation.

Should you have any questions regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Brooke Goode  
OPS  
Division of Corporations

Letter Number: 403A00000484

Division of Corporations

1-6-03

FILED IN 403A00000484