

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90255 016 ***150.00

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**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # S01611 1. Entity Name ACHIN & ASSOCIATES, INC.					
Principal Place of Business 5921 NORTHEAST 21ST CIRCLE FORT LAUDERDALE, FL 33308			Mailing Address 5921 NORTHEAST 21ST CIRCLE FORT LAUDERDALE, FL 33308		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
☐ CHECK HERE IF MAKING CHANGES					
4. FEI Number 65-0227957				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WITTE, LARRY F 201 SE 24TH AVE POMPANO BEACH, FL 33062			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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when withdrawing.)					
FILE NOW!!! FEE IS \$160.00 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	VSD ACHIN, HORACE J. 5921 NORTHEAST 21ST CIR. FORT LAUDERDALE, FL 33308		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ACHIN, FREDERICKA F. 5921 NORTHEAST 21ST CIRCLE FORT LAUDERDALE, FL 33308		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: <i>Fredericka F. Achin</i> FREDERICKA F. ACHIN			Date: 4-29-03 Phone: (561) 776-6122		

CH2E034 (10/02)