

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90724 043 ***150.00

DOCUMENT # S59611
1. Entity Name
JIM E. SOLOMON & ASSOCIATES, P.A.



11090007



CHECK HERE IF MAKING CHANGES

Principal Place of Business
**800 CYPRESS CREEK ROAD
SUITE 200
FT LAUDERDALE, FL 33334**

Mailing Address
**800 CYPRESS CREEK ROAD
SUITE 200
FT LAUDERDALE, FL 33334**

2. Principal Place of Business
P.O. Box 5581

3. Mailing Address
P.O. Box 5581

City & State
Lighthouse Point, FL

City & State
Lighthouse Point FL

Zip
33064 Country
USA

Zip
33064 Country
USA

4. FEI Number
65-0313989

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**SOLOMON, JIM E.
800 CYPRESS CREEK ROAD
STE 200
FORT LAUDERDALE, FL 33334**

7. Name and Address of New Registered Agent
Name
Jim E. Solomon
Street Address (P.O. Box Number is Not Acceptable)
9567 Lake Serena Drive
Boca Raton FL Zip Code 33496

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 (REGISTERED) AGENT DATE **4/29/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW WITH FEE IS \$350.00
May 1, 2003 FEE will be \$350.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D SOLOMON, JIM E. 800 CYPRESS CREEK ROAD, STE 200-- FT LAUDERDALE, FL 33334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. JIM E. SOLOMON P.O. Box 5581 Lighthouse Point FL 33064 US	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **DIRECTOR** DATE **4/29/03** **561-558-2313**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)