2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 601038

Entity Name: COLSON HICKS EIDSON, P.A.

255 ARAGON AVENUE, 2ND FLOOR

CORAL GABLES, FL 331345008 US

Address: City-St-Zip: FILED Sep 20, 2002 Secretary of State

Current Principal Place of Business:			New Principal Place o	f Business:	
2ND FLOO	ON AVENUE OR ABLES, FL 33	1345008 US			
Current Mailing Address:			New Mailing Address:		
255 ARAGON AVENUE 2ND FLOOR CORAL GABLES, FL 331345008 US			P O BOX 141108 CORAL GABLES, FL 33114 US		
FEI Number	: 59-1261170	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
255 ARAG 2ND FLOO	LEWIS S JR GON AVENUE DR ABLES, FL 33	1345008 US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
		o satisfy its Intangible Tax filing reg	quirement and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LEWIS S. EIDS 255 ARAGON) Delete SON, AVENUE, 2ND FLOOR ES, FL 331345008 US	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	DEAN C. COLS 255 ARAGON A) Delete SON, AVENUE, 2ND FLOOR ES, FL 331345008 US	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	TD (DEAN C. COLS) Delete SON,	Title: (Name:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LEWIS S EIDSON JR PD 09/20/2002