

2002 UNIFORM BUSINESS REPORT (UBR)

FILED  
Feb 26, 2002 8:00 am  
Secretary of State  
02-26-2002 90020 047 \*\*\*150.00

DOCUMENT # G72261

1. Entity Name :  
CHRISTOPHER R. FERTIG, P.A.

Principal Place of Business      Mailing Address  
200 SE 13 STREET      200 SE 13 STREET  
FT LAUDERDALE FL 33316      FT LAUDERDALE FL 33316  
US      US

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      59-2392089      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
FERTIG, CHRISTOPHER R  
200 SE 13 STREET  
FT LAUDERDALE FL 33316

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.      FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing      \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	FERTIG, CHRISTOPHER R	
STREET ADDRESS	200 SE 13 STREET	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERTIG, CHRISTOPHER R	
STREET ADDRESS	200 SE 13 STREET	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address with a notary-like empowered.

SIGNATURE:      SIGNATURE REQUIRED      FEB 7/02      954 763-5020      Date      Daytime Phone #