2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J30312 1. Entity Name ANTHONY V. PUGLIESE, INC.						Mar 20, 2001 8:00 am Secretary of State 03-05-2001 90330 020 ***150.00					
Principal Place of Business 2500 MILITARY TRAIL SUITE 200 BOCA RATON FL 33431		Mailing Address 2500 Military Trail SUITE 200 BOCA RATON FL 33431									
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4.	4. FEI Number 59-2742708 Applied For Not Applicable					
Zip	Country	Zip	Coun	try	5.	Certificate o	f Status Desire		8.75 Add		1
	6. Name and Address of Current R	egistered Agent			7.	Name and /	Address of Nev	v Registered A	gent]
REAMER, JOSEPH 2500 MILITARY TRAIL SUITE 200 BOCA RATON FL 33431 8. The above named equity submits this statement for the purpose of changing its re			registere	City	ddress (P.O. 2500 I	Militar :, Raton	is Not Acceptary Trail.	Suite 2	Zip Cod 334	31_	
Tax filing r	Signature, hyper or printed name of registered spaint en pration is eligible to satisfy its Intangible requirement and elects to do so. [X] OFFICERS AND D	FILE NOW! After MAY 1, 20 Make Check Payab	!! FEE 01 Fee	IS \$150.0 will be \$5	50.00 t of State	10. Elec	tion Campaign It Fund Contribu		\$5.0 Added	O May Be I to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PUGLIESE, ANTHONY V, III 2500 MILITARY TRAIL #200 BOCA RATON FL	☐ Delete		•	2500	lese, A Milita	nthony V ry Trail FL 3343	. III , Suite	□ Change	X Addition	CR2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GERSPER, LAURA K. 2500 MILITARY TRAIL #200 BOCA RATON FL	· Delete			 				☐ Change	Addition	წ
TITLE NAME "STREET ADDRESS"	S FRICKE, HENRY A. 2500 MILITARY TRAIL #200	Delete	TITLE NAMI STRE		-				Change	Addition	
CITY-SI-ZIP	BOCA RATON FL			ST-ZIP		مستريت			_		_
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deteta			2500 M	Reame	r y Trail FL 33431	Suite 2	Change	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Oelete							☐ Change	Addition	
TITLE ' NAME STREET ADDRESS ' CITY-ST-ZIP		☐ Delete	TITLE NAMI STRE CITY	E ET ADDRESS -ST-ZIP					Change	Addition	
13. I hereby of indicated of the corchanged,	certify that the information supplied with to on this report or supplemental report is the poration or the receiver or trusted empty or on an attachment with an address. WILLE:	his filing does not quality for rue and accurate and that in pred to execute this report in all other like empowered.			ed in Section ave the same pter 607, Flor		Florida Statute as if made und ; and that my no / 1/01	(561) 9			