

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90153 005 ***150.00

DOCUMENT # J30312

1. Entity Name
ANTHONY V. PUGLIESE, INC.

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
101 Pineapple Grove Way

Suite, Apt. #, etc.

3. Mailing Address
101 Pineapple Grove Way

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Delray Beach, FL

City & State
Delray Beach, FL

4. FEI Number **59-2742708** Applied For
 Not Applicable

Zip **33444** Country
 Zip **33444** Country

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRICKE, HENRY A 2500 MILITARY TRAIL SUITE 200 BOCA RATON FL 33431	Name Fricke, Henry A., Esq.
	Street Address (P.O. Box Number is Not Acceptable) 101 Pineapple Grove Way
	City Delray Beach
	State FL
	Zip Code 33444

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 *Henry A. Fricke* **Henry A. Fricke** **3/1/02**
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. (See criteria on back)

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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUGLIESE, ANTHONY V, III 2500 MILITARY TRAIL SUITE 200 BOCA RATON FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Pugliese, Anthony V. III 101 Pineapple Grove Way Delray Beach, FL 33444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GERSPER, LAURA K. 2500 MILITARY TRAIL #200 BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pugliese, Laura K. 101 Pineapple Grove Way Delray Beach, FL 33444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition of last name
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRICKE, HENRY A. 2500 MILITARY TRAIL #200 BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Fricke, Henry A. 101 Pineapple Grove Way Delray Beach, FL 33444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REAMER, JOSEPH 2500 MILITARY TRAIL SUITE 200 BOCA RATON FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Reamer, Joseph 101 Pineapple Grove Way Delray Beach, FL 33444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NOTE: Changes are of addresses only.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: *Henry A. Fricke* **Henry A. Fricke** **3/1/02** **561-330-7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)