

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90155 021 ***150.00

0874611 AV

DOCUMENT # J80135

1. Entity Name
CALER, DONTEN, LEVINE, DRUKER, PORTER & VEIL, P. A.



Principal Place of Business
SCOTT PORTER
505 S FLAGLER DR. SUITE 900
W PALM BCH FL 33401
US

Mailing Address
SCOTT PORTER
505 S FLAGLER DR. SUITE 900
W PALM BCH FL 33401
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 **59-2831281**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CALER, WILLIAM K. JR.~~
505 S FLAGLER DR, SUITE 900
W PALM BCH FL 33401

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DT** ☐ Delete
NAME **DRUKER, SCOTT**
STREET ADDRESS **2036 HENLEY PLACE**
CITY-ST-ZIP **WELLINGTON FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **DONTEN, DAVID S.**
STREET ADDRESS **2334 PALM HARBOUR DRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **LEVINE, JOEL H**
STREET ADDRESS **13654 JONQUIL PL**
CITY-ST-ZIP **WELLINGTON FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **VEIL, MARK**
STREET ADDRESS **19 DUNBAR ROAD**
CITY-ST-ZIP **PALM BCH GARDENS FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **PORTER, SCOTT L**
STREET ADDRESS **708 KITTYHAWK WAY**
CITY-ST-ZIP **N PALM BCH FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **14211 LITTLE CYPRESS CIRCLE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **DS** ☐ Delete
NAME **CALER JR, WILLIAM K**
STREET ADDRESS **234 DYER RD**
CITY-ST-ZIP **W PALM BCH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 amendment, with all other like empowered.

SIGNATURE: *William K. Caler Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03 **561 832 9292**
Date Daytime Phone #

CR2E034 (10/02)