

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90850 001 ***300.00

DOCUMENT # K78197

1. Entity Name
KOFSKY, CORY & ASSOCIATES, P.A.



Principal Place of Business
3440 HOLLYWOOD BLVD., #450
HOLLYWOOD FL 33021

Mailing Address
3440 HOLLYWOOD BLVD., #450
HOLLYWOOD FL 33021



2. Principal Place of Business
3230 W. Commercial Blvd
Suite, Apt. #, etc.
Ste 150

3. Mailing Address
same
Suite, Apt. #, etc.

City & State
Oakland Pk, FL 33309

City & State

4. FEI Number **65-0107049**

Applied For
Not Applicable

Zip
USA

Zip
Country

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

6. Name and Address of Current Registered Agent

KOFSKY, DAVID ALAN
3440 HOLLYWOOD BLVD
STE 450
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name **Patricia E. Cory**
Street Address (P.O. Box Number is Not Acceptable)
3230 W. Commercial Blvd.
Ste 150
City **Oakland Pk** **FL** **Zip Code** **33309**

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 *Patricia E. Cory*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/6/03
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **KOFSKY, DAVID ALAN**
STREET ADDRESS **3440 HOLLYWOOD BLVD #450**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **VP** ☐ **Delete**
NAME **CORY, PATRICIA E**
STREET ADDRESS **3440 HOLLYWOOD BLVD #450**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **3230 W. Commercial Blvd, Ste 150**
CITY-ST-ZIP **Oakland Pk, FL 33309**

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

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
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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 an address, with all other like empowered.

SIGNATURE *Patricia E. Cory*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/03 **(954) 735-4929**
Date Daytime Phone #

CR2E034 (10/02)