

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 03, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000006284**1. Entity Name
PAGE, MRACHEK, FITZGERALD & ROSE, P.A.

Principal Place of Business FLAGLER CENTER, 505 FLAGLER DR., STE. 200 W. PALM BEACH FL 33401	Mailing Address FLAGLER CENTER, 505 FLAGLER DR., STE. 200 W. PALM BEACH FL 33401
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2. Principal Place of Business 505 FLAGLER DR.	3. Mailing Address 505 FLAGLER DR.
Suite, Apt. #, etc. FLAGLER CENTER, SUITE 200	Suite, Apt. #, etc. FLAGLER CENTER, STE. 200

City & State W. PALM BEACH FL	City & State W. PALM BEACH FL
Zip 33401	Country

4. FEI Number
65-0973557
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentNRAI SERVICES, INC.
526 E. PARK AVE.

TALLAHASSEE FL 32301 US**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 _____ **04/03/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ROSE ALAN B 505 S. FLAGLER DRIVE, SUITE 200 WEST PALM BEACH FL 33401	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FITZGERALD ROY E 505 S. FLAGLER DRIVE, SUITE 200 WEST PALM BEACH FL 33401	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAGE STEPHEN C 505 S. FLAGLER DRIVE, SUITE 200 WEST PALM BEACH FL 33401	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MRACHEK LOUIS 505 S. FLAGLER DRIVE, SUITE 200 WEST PALM BEACH FL 33401	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Roy E. Fitzgerald

sec 04/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)