

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90062 001 ***150.00

DOCUMENT # P01000001732					
1. Entity Name RICHARD A. SCHWARTZ, P.A.					
Principal Place of Business 6535 PARKVIEW DR, STE 3 BOCA RATON, FL 33433			Mailing Address 6535 PARKVIEW DR, STE 3 BOCA RATON, FL 33433		
2. Principal Place of Business 8619 BELLA VISTA Dr.		3. Mailing Address 8619 BELLA VISTA Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Boca Raton FL		City & State Boca Raton, FL		4. FEI Number 65-1067564	
Zip 33433		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHWARTZ, RICHARD A 6535 PARKVIEW DR BOCA RATON, FL 33433			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 8619 BELLA VISTA Dr. City <u>Boca Raton</u> FL Zip Code <u>33433</u>		
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: <u>[Signature]</u> DATE: <u>3/31/04</u> (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 PSTD	☐ Delete		TITLE Change ☒ Addition ☐		
NAME SCHWARTZ, RICHARD A			NAME 8619 BELLA VISTA Dr.		
STREET ADDRESS 6535 PARKVIEW DR, STE E			STREET ADDRESS Boca Raton FL 33433		
CITY-ST-ZIP BOCA RATON, FL 33433			CITY-ST-ZIP		
☐ Delete			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
☐ Delete			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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☐ Delete			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE 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: <u>[Signature]</u>			Date: <u>3-31-04</u>		Daytime Phone #: <u>561-213-5634</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					