


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90207 032 \*\*\*150.00

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

<b>DOCUMENT # P02000011098</b>		80107153	
1. Entity Name <b>ADLER LAW FIRM, A PROFESSIONAL ASSOCIATION</b>			
Principal Place of Business 501 S. DAKOTA AVENUE SUITE 7 TAMPA, FL 33606		Mailing Address 501 S. DAKOTA AVENUE SUITE 7 TAMPA, FL 33606	
2. Principal Place of Business 8909 Regents Park Dr Suite, Apt. #, etc. SUITE 420 City & State TAMPA FL Zip 33647		3. Mailing Address P.O. Box 46791 Suite, Apt. #, etc. TAMPA, FL City & State TAMPA, FL Zip 33647	
4. FEI Number 01-0582024		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADLER, ANDREW L. ESQ. 501 S. DAKOTA AVENUE SUITE 7 TAMPA, FL 33606		7. Name and Address of New Registered Agent Name: ANDREW L. ADLER, ESQ. Street Address (P.O. Box Number is not acceptable): 8909 REGENTS PARK DRIVE Suite 420 City: TAMPA FL Zip Code: 33647	
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:  DATE: 4/28/2003 <small>(NOTE: Registered Agent's signature required when registering.)</small>			
FILE NOW!! FEES \$150.00 After May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADLER, ANDREW L 1405 CALADESI DRIVE WESLEY CHAPEL, FL 33643	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ANDREW L. ADLER 8909 REGENTS PARK DRIVE, SUITE 420 TAMPA FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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
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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
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: 		DATE: 4/29/03 DAYTIME PHONE: 813-991-4901	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE DAYTIME PHONE #</small>	

CHF2EG04 (10/02)