FILED
May 16, 2003 8:00 am
Secretary of State
05-16-2003 90182 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000034747

1. Entity Name
STEVEN SCHWARZBERG, P.A.

90135650

Principal Place of Business	Mailing Address
PHILLIPS POINT 777 S. FLAGLER DRIVE SUITE 1750W WEST PALM BEACH, FL 33401	PHILLIPS POINT 777 S. FLAGLER DRIVE SUITE 1750W WEST PALM BEACH, FL 33401

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
222 LakeView Ave.		222 LAkeview Ave.	
Suite, ~~Apt. #, etc.~~ Suite 210		Suite, Apt. #, etc. Suite 210	
City & State West Palm Beach		City & State West Palm Beach	
Zip	Country	Zip	Country

4. FEI Number 02-0576967 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHWARZBERG, STEVEN L 2909 EMBASSY DRIVE WEST PALM BEACH, FL 33401	Name Steven L. Schwarzberg, Esq Street Address (P.O. Box Number is Not Acceptable) 222 LakeView Avenue Suite 210 City West Palm Beach FL Zip Code 33401

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 [signature] 5/15/03
Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARZBERG, STEVEN L 2909 EMBASSY DRIVE WEST PALM BEACH, FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] President 5/15/03 56, 659 3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #